



Med

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Shaw Dr J M KEENE
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have knowledge of.”

DR. G. POUCHET,

Professor of Pharmacology in the Faculty of Medicine of Paris.

“An ideal purgative.”—Practitioner.

The *BERLINER KLINISCHE WOCHENSCHRIFT*, 22nd March, 1897, publishes a Report
upon some experiments that have been made under the direction of PROFESSOR GERHARDT,
in his Clinic at the Charité Hospital at Berlin, demonstrating the value of APENTA WATER in
the treatment of obesity and its influence on change of tissue.

EMPLOYED in Toronto at Toronto General Hospital, the Hospital for Sick Children, Grace
Hospital, etc., and at the **LEADING HOSPITALS** of the **UNITED**
STATES, in **ENGLAND** and on the **CONTINENT OF EUROPE**.

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Materia Medica and Therapeutics.

PHTHISIS AND ITS TREATMENT.

PHTHISIS is pre-eminently a wasting disease, and by exalting failing nutrition, cod liver oil being little more than a given food, a great advance was made in therapeutics. It has been found, however, that the oil does not in many cases meet the indications; for not only is nourishment needed, but the digestive power is so reduced that but little use is made of the food taken. Hence a demand both for nutritious material and also for something which will aid food suitable for assimilation. The clinical starting-point in the history of the greater number of cases of phthisis is malnutrition, and when that is guarded against much is accomplished.

After a full trial of the different oils and extracts of malt preparations in both hospital and private practice, I find Maltine most applicable to the largest number of patients, and superior to any remedy of its class. Theoretically we would expect this preparation, which has become PRACTICALLY OFFICINAL, to be of great value in chronic conditions of waste and malnutrition, especially as exemplified in phthisis. Being rich in *diastase*, *albuminoids* and *phosphates* according to careful analysis, it aids in digesting farinaceous food, while in itself it is a brain, nerve and muscle producer.

In practice this hypothesis is sustained. A female patient in St. Luke's Hospital, aged 35, with phthisis, signs of deposit in left upper lobe, losing flesh for six months, poor appetite and night sweats, was put upon Maltine. Within a few weeks her weight was increased to 121 pounds, she ate well, no night sweats, and the evidences of local disease were much less marked.

Another case of phthisis: A gentleman from Alabama, with all the physical signs of phthisis, rapidly losing health and strength. His was the remarkable gain of 10 lbs. *from six weeks' use of Maltine.*

Seven pounds' increase in as many weeks is the record of a third patient, a lady of 41 years, who had no other medication than the Maltine. In these and other cases the increase in strength and mental vigor was in proportion to the gain in weight.

These instances are sufficient for illustration, and are *duplicated many times in the experience of physicians everywhere.* There is a universal reluctance always to testify to results from medicinal preparations, but when, as in this case, the composition is fully known, and the profession invited to investigate the manner of preparing it, there is no reason why the remedy should not receive general approbation, provided it be worthy.—*Quarterly Epitome of Practical Medicine and Surgery.*

Maltine with COD LIVER OIL

Endorsed by the
Medical Profession
throughout the World.

THE Canadian Medical Review.

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Vol. VI.

TORONTO, JULY, 1897.

No. 1

Original Communications.

Viburnum in Abortion.

By DR. WM. GRAHAM.

My apology for this communication arises from reading the report of the proceedings of the Toronto Medical Society in the May number of your esteemed journal.

In Dr. Albert Macdonald's admirable paper, on the treatment of abortion is recorded the following sentence: "Viburnum had been highly spoken of, but his experience with the drug had not been gratifying"; also, in the discussion on the same subject, Dr. A. W. Wright states: "He was not able to say, whether Viburnum was of any use or not." Now, I feel very sorry for the reputation of Viburnum, because the experience of these gentlemen, who stand high in the profession, differs so widely from that of my own and others. There is no drug that I have ever used that I give with such confidence, for the purposes intended, than I do Viburnum as an anti-abortive when syphilis has been eliminated from the diagnosis. Viburnum Prunifolium was introduced to the profession, probably by

Dr. Bigelow, now of Boston, or Dr. Ed. Jenks, of Detroit, nearly thirty years ago, and first placed upon the market by Parke, Davis & Company.

Ever since reading an article on this subject by Dr. Jenks, some twenty-two years ago, it has been an essential component of my armamentarium against habitual miscarriage and suitable cases of dysmenorrhœa where local treatment was denied.

I do not question the efficacy of potassæ chlor. in these cases. I believe in its possibilities for good, but during the first seven or eight years of practice I failed to become satisfied as to its virtue in these cases, and incline to the belief that its sphere of usefulness must be very limited.

I do not think it a fair test of the value of anything to try it when separation of the ovum has taken place, and abortion fairly begun, because if hæmorrhage occurs in any degree, it cannot be estimated just how much detachment has taken place, but if these gentlemen will take cases that have habitually miscarried, from three to ten or twelve times, and administer thirty minims of fl. ext. vibur. prun. three times a day for a few weeks, commencing a little previous to the anticipated period of miscarrying, then every alternate week almost throughout the period of gestation, they will be pleased with the result. So also their patient, and it will no doubt increase their faith and change their verdict.

I remember well the first test I gave it, and it surely was a severe one. The lady was about forty-five years of age, had three children grown up, and during the interval had ten abortions about the third month of gestation. At the next pregnancy she was anxious to fall in with any suggestion to obtain a living child. I gave her Viburnum, and she carried the child to full term, healthy and vigorous above the average. I was not able again to test it with this patient, as being near the menopause, she did not again become pregnant. I mention the facts, you can draw your own conclusions.

I remember another well-marked case of a young married lady who had not yet carried a child to full period. She had five successive abortions, and through the influence of her husband's family, applied to me for assistance. I treated her as suggested above, with the result that I was called to attend her at full time. Unfortunately, it was a breech presentation, and I found the child so well developed that I could not remove it expeditiously enough to prevent undue pressure on the cord and a still-birth was the consequence.

I will leave you to imagine my disappointment, but still, Viburnum kept up its reputation much better than the obstetrician. Before the

next gestation she moved to a neighboring town, and when she again became pregnant, she called and desired to obtain a supply to carry her through to term, as she was about to move to the North-West. I acceded to her request, and in due time she wrote me stating she had been delivered of a healthy living child, and just very recently I have received intelligence that she has added a third to the number at full term.

I could go on, almost indefinitely, instancing just such cases, that have been successfully treated by Viburnum, but these will suffice, from my own practice. Now, is it not reasonable to suppose that the same remedy will do good, even in cases where the miscarriage is more immediately threatening, provided too much detachment has not taken place to interfere with the life of the foetus. Dr. Phares, a pioneer in the use of this drug, says, "It is particularly valuable in preventing abortion and miscarriage, whether habitual or otherwise, whether threatened from accidental causes or criminal drugging, it removes those harassing nervous symptoms that wear out the pregnant woman and disqualifies her for the parturient effort."

Dr. J. H. Wilson, consulting physician in the Liverpool Lying-in Hospital, says, in the Liverpool *Medical Journal*: "Of the various preparations, for which we are indebted to our American cousins, I believe there will be found none more beneficial than Viburnum Prunifolium. In the whole of my experience I have never found a medicine that has given me so much satisfaction, whereas the treatment hitherto has been very discouraging."

Dr. Macfie Campbell reports six cases in the *British Medical Journal*, five of which were successful, and uses the following language: "It is a comfort thus to have some hope of success in dealing with such a condition as miscarriage, and although I have so far only the notes of six cases, of which five were successful, yet these five being consecutive, and the effect exactly following the administration of the remedy, I have no hesitation in my own mind in giving the credit to Viburnum." The unsuccessful case he attributes probably to too small dosage.

There is one thing that is pleasant in the administration of the remedy; even if the taste and odor be unpleasant, it produces a sense of physical well-being, improves appetite and digestion, and enables the pregnant woman to attend to her household cares with unaccustomed vigor and energy. Indeed, I don't remember an instance where it had been used, for any length, that a similar tonic effect was not experienced.

I have almost invariably used the Fluid Extract prepared by Parke,

Davis & Co. ; but on account of the odor (disagreeable to some) the solid extract of the same in pills might be a more agreeable form to prescribe.

Should the above remarks be instrumental in assisting to prevent Viburnum from falling into disrepute, or into an inferior place in medicine, which I feel it does not deserve, my object will be accomplished.

Viburnum, in my experience, possesses other valuable qualities, but as eulogy on other lines would be straying from my text, I refrain.

Toronto, 29 Grosvenor Street.

COLLEGE OF PHYSICIANS AND SURGEONS, ONTARIO.—The following gentlemen have passed the final examination and received license to practice : W. R. Alway, Vittoria ; J. A. Butler, Toronto ; Katherine Bradshaw, Toronto ; J. A. Bell, Strathroy ; C. N. Callander, Toronto ; G. I. Campbell, Bellwood ; J. A. Cummings, Bond Head ; J. J. Davis, London ; F. A. Dales, Dumbarton ; C. B. Dyde, Kingston ; F. J. R. Forster, Palmerston ; J. M. H. Gillies, Teeswater ; N. Henderson, Kingston ; G. H. Jackson, London ; R. W. Large, Stroud ; E. C. D. MacCallum, Kingston ; G. E. Millichamp, Toronto ; J. H. Mullin, Hamilton ; W. F. Maybury, Parkhill ; A. V. McGannon, Brockville ; N. W. McInnes, Vittoria ; A. T. McNamara, Toronto Junction ; J. S. McEachern, Cashtown ; H. McKeown, Belleville ; R. Nicholl Listowel ; R. W. Perry, Kirkfield ; G. Royce, Davenport ; F. A. Scott, Clinton ; C. R. Sneath, Toronto ; D. K. Smith, Toronto ; F. L. Thomson, Mitchell ; W. J. Wesley, Newmarket ; G. H. Wade, Brighton ; T. A. Young, Brougham.

We understand the examiners "held up" about thirty-three per cent. of the candidates in the final examination, and forty per cent. in the primary.

THE Medical Council meets July 6th. Correspondents on Council matters will be strictly limited to four pages after this issue.

Society Reports.

Ontario Medical Association.

THE seventeenth annual meeting of the Ontario Medical Association was held in the Normal School, June 2nd and 3rd, 1897.

Serum Therapy.—The discussion in medicine was on "Serum Therapy," and was opened by J. D. Davison, Toronto. He first gave a definition of the various terms used in connection with the new therapy. The manufacture of antitoxin was then described. For every toxine, as the result of bacterial invasion of the septum, there was an antitoxin. In this the beneficence of nature was shown, and a clue was afforded for the treatment of germ diseases. Judging from the very many favorable reports from many places, the success of the treatment of diphtheria by antitoxin was an assured fact. The essayist produced some general statistics which he considered convincing. Of course some reports were unfavorable, which might be accounted for by the bad quality of the serum, lateness of injection (for it must be used early to get the best results), on the insufficient quantity of the dose. He believed our own Parke-Davis could not be excelled. The objections of such men as Lennox, Brown and Winters, to the antitoxin, were then dealt with. The treatment of the bubonic plague, tetanus and scarlet fever was spoken of by the essayist, and reference was made to the work being carried on along this line in small-pox, syphilis, and other diseases in which the supposed causative germ has not yet been isolated.

Dr. T. F. MacMahon gave his unqualified verdict in favor of antitoxin. He had used it in a good many cases of diphtheria, as had his friend, Dr. Eadie, and found it was immediately followed, where used early in the disease, by marked improvement; in laryngeal case the stenosis was relieved, and in all cases there was almost a sudden disappearance of the membrane, and improvement in the temperature, pulse, and condition generally.

Drs. Fraser and Shuttleworth, of Toronto, also took part in the discussion.

Some Remarks on Modern Therapeutics.—Dr. J. T. Fotheringham read a paper entitled, "Some Remarks on Modern Therapeutics." The essayist spoke of the use of the microscope as being a prominent factor in placing the study of therapeutics upon a more rational basis.

The use of alkaloids and active principles, the tendency toward smaller dosage and greater frequency of administration, the pernicious practice of prescribing proprietary and compound preparations instead of the remedies of the pharmacopœa, were other subjects with which the essayist dealt. The last-mentioned practice benefitted the manufacturer, but it was doubtful if it helped the physician or his patient.

Presidential Address.—Dr. John Coventry then delivered the presidential address. Herewith are some extracts :

WHERE IS THE FAMILY PHYSICIAN OF THE PAST?

Whatever the causes are, we find him to-day split up into specialties, and the average family has taken on a sort of centrifugal action with respect to their ailments. The major domo has had a long-standing hæmorrhoidal affection, and a "rectal specialist" has him in hand. Madame, in the struggle of maternity, has received injuries which she thinks require the services of a gynecologist.

The elder son has a pain in his back, and is doing his own doctoring." The patent medicine advertisement is getting its deadly work in on him and his pocketbook—and his back still aches.

The elder sister has trouble with her eyes, and an alleged oculist is treating them.

Another scion has a "catarrh," so-called. He is in the hands of a "throat and lung institute."

Another daughter has a friend who has an unrevealed trouble, and goes twice a week to a doctor (?) who cures all his patients with electricity, and the young lady is easily persuaded to try him for—constipation.

A younger brother has an unseemly eruption, and a "skin specialist," after exhibiting the pictures and the pickles in his office, promises him a "skin like velvet," but he will have to shake medicine for six months.

But why multiply the evidence? The fact is known to every one of you that united families, so far as a common physician is concerned, is the exception nowadays.

I am not prepared to account for this state of things, but I may be pardoned if I suggest that some of us are largely responsible for it ourselves.

There is a trite saying "that too many men abandon the study of the profession when they begin the practice of it," and in the busy life a doctor leads, when his rides are long and tiresome, when his sleep is broken up, when he is struggling to build up a practice and can scarcely make ends meet, it is not to be wondered at if he does not

keep abreast of the times with his reading, or if he is not within reach of the city and its hospital clinics he is very apt to drop into the rear rank.

CONTRACT LODGE WORK.

Did time permit I would like to add my protest against the debasing practice of contract lodge work.

Vampire never bled its prey more mercilessly than the pseudo-benevolent societies have the lodge doctor. While wholly dependent on him for existence, the lodge committees have dictated a ridiculous fee for his services, and the plastic physician, by his acceptance of it, has signed an acknowledgment that he has joined the army of men who are doing business by giving "a quarter off," "tremendous bargains," "slaughter sale," or "cut-rate tickets."

Nowhere is the medical profession "on the down grade" so much as in pandering to this influence, and, left to their own impulses, as they have been in the past, with no authoritative mandate on the subject, a certain class of physicians continue to transgress. The very worst feature of the whole affair is that they are nearly a unit in declaring against the practice, and, believing it is subversive of the best interest of the profession, are willing to abandon it, but are deterred from doing so because some of their confreres are only watching to slip into their shoes.

Inertia of the Uterus.—Dr. Williams, of Ingersoll, recited a case of inertia of the uterus following the use of chloroform. He had seen the case in consultation. It was one of those in which there was great difficulty in extracting a very large child, fourteen pounds. The labor was prolonged to about eighteen hours. After delivery the uterus appeared to contract for a short time and then relax. There was a great deal of hæmorrhage. The hypodermatic use of ergot, F. E., together with friction within the uterus and upon the abdomen, at the same time making use of injections of very hot water, brought on the contractions, and a favorable result ensued. The writer discussed the various causes given by authors for this trouble, and said he was at a loss to know just what caused the inertia in this case. He advised the use of chloroform, but would limit the amount to the least possible. He thought the hot water, together with the friction, brought about the best results. We should never conduct a case without making provision for a plentiful supply of hot water.

Gangrene of the Rectum.—Dr. Luke Teskey, Toronto, reported a case of gangrene of the rectum. The patient had been referred to him by Dr. Geo. Elliott. General abdominal pains began to be complained

of since March, 1895. A year after stools were noticed to be smaller than usual, and were accompanied by discharges of blood and mucous. There was marked pain over both trochanters. In November, 1896, the patient suffered from acute obstruction of the bowels, but recovered. A week later on left an ischio-rectal abscess appeared, was lanced and discharged a teaspoonful of pus. In five days pus began to discharge from the rectum. Little or none came from the opening made with the knife. One afternoon a sharp attack of rectal tenesmus was followed by the evacuation of several large blood clots, fæcal matter, and a piece of intestine six inches in length and three inches in width. Palpation revealed a large cul-de-sac on the left side of the rectum. Next morning the patient had a large evacuation of fæces through the wound at the side of the rectum—the first time fæcal matter had passed that way. An inguinal colotomy was done. The patient is using the artificial anus, the rectum being almost occluded. There is a slight mucous discharge per anum. Patient's general health is good.

Traumatic Lesions of the Spinal Cord was the title of a paper read by Dr. Geo. A. Peters.

Cases of Melancholia Cured by Removal of Interstitial Fibroma of the Cervix Uteri.—This was the title of a paper by T. K. Holmes, of Chatham. The writer said many years ago he became convinced that puerperal mania was nearly always dependent upon some lesion of the generative apparatus, the repair of which lesion led to cure of the mental condition. Prominent alienists have been making a study of these cases, and, no doubt, if a gynæcologist was appointed to the staffs of asylums the proportions of cures would be greater than at present. The first case he had to report was that of a woman who showed signs of mental depression two years after her marriage. No uterine disease was suspected until examination was made at the time of her first labor, when a fibroid was found in the posterior wall of the cervix. After removal of this the melancholia disappeared. It returned some years after, and on examination another fibroid was found, upon the removal of which the insanity again disappeared and has not yet returned. Another case similar in character to the one reported was given by the doctor, in which operation produced the same happy result.

Affections of the cervix and lower segment of the uterus, the essayist stated, produced a much more profound impression on the nervous system than disease of other parts of the generative organs, because they are more abundantly supplied by the sympathetic nerves.

Lesions of the vagina came next in severity. He had seen vaginitis produce great mental instability,—in one case probably puerperal mania.

A Case of Extensive Sloughing Following the Use of the X Rays, was the title of a paper read by Dr. W. H. Harris.

A Plea for the Radical Cure for Hernia Among the Insane.—By Dr. A. T. Hobbs, London.

The Value of Aseptic Methods in the Treatment of Pus Cavities.—Dr. A. Primrose read a paper on this subject. The point which he wished to make in his paper was, that dealing with pus cavities, which owe their existence to specific organisms, it is of the utmost importance to prevent mixed infection. It is common practice, even to-day, to hear it remarked regarding cases in which pus is present that the condition is already "septic," and does not therefore demand the same rigid observance of Listerian principles as a so-called "clean case," *i.e.*, one in which pus is not present. True, pus cases are septic in the ordinary acceptation of the term, but there are, so to speak, degrees of sepsis. Thus an empyema representing a collection of pus in the pleural cavity may be a purely tubercular infection to begin with; but it is possible to have a streptococcic infection superadded. Or again, we may have an empyema in the pus of which there exists only the pneumococcus, under certain conditions, however, streptococci and staphylococci may be added, and various forms of bacilli are not infrequently found. Similar observations may be made regarding the so-called "tubercular abscess" which so commonly forms in connection with tubercular glands, or in the course of a tubercular arthritis. The dread which the older surgeons had of opening a psoas abscess showed that before the time of Lister the dangers involved in laying such collections open were appreciated, although the cause of the untoward results was not known. Modern bacteriological research has taught us much concerning the conditions under which various forms of bacteria flourish. In our treatment of specific organisms we should endeavor to upset these conditions. The main cause of mixed infection to my mind is, not the failure of our antiseptic measures at the time of operation, but the careless way in which the after treatment of the wound is carried out. For obvious reasons a wound should be dressed afresh whenever the discharge has come through the dressings to the surface. Drainage should always be employed when there is tension, and when there is likely to be septic absorption. Drainage may, however, be dispensed with in certain cases with advantage, as occurred in one of the cases about to be

narrated. As examples of the advantages gained by this careful method of treatment of pus cases, he referred to the following cases :

Case 1.—A boy three and a half years old, suffering from tubercular knee trouble of eight months' standing. An abscess developed which was opened, scraped, swabbed with pure carbolic and packed with iodoform gauze ; the bacillus tuberculosis was found in the pus. The dressing of the wound was carefully guarded, and in two weeks the abscess was entirely cured, and the patient left the hospital wearing a Thomas' splint.

Case 2.—Empyema in a child aged six. Here I performed resection of the rib, and placed a drainage tube in position. Every precaution was adopted to prevent mixed infection. The pus was examined and found to contain the pneumococcus only. The tube was removed on the fifth day, and healing was complete on the tenth day.

Case 3.—A large tubercular spinal abscess. Child aged eleven ; she had a well-marked kyphosis in the lower lumbar region, a large fluctuating tumor on the antero-internal aspect of the right thigh, communicating with a similar tumor at the back of the thigh. An extensive area was carefully prepared for operation. A vertical incision was made two inches from the third and fourth lumbar spines, and the abscess region was reached from this point with some considerable difficulty. It was then opened on the antero-internal aspect of the thigh ; a third opening was made at the back of the thigh, and a fourth just internal to the anterior superior iliac spine. From these various points the abscess was thoroughly curetted with the finger nail. A large quantity of sterilized water was used to flush out the cavity. One ounce of one in ten glycerine emulsion of iodoform was injected, and the wound stitched up without drainage. The wounds all healed by first intention, and I show you the patient to-day (three and a half months after operation) in an excellent condition of health.

The Treatment of Eclampsia, by Dr. W. J. Wilson. The essayist laid much stress on the matter of examining every patient on the first sign of pregnancy. Besides examining the urine, the state of the circulatory and nervous systems should be kept in a healthy condition. If indican is found in the urine, intestinal fermentation is indicated, and purgatives and disinfectants called for. When albuminuria is present, milk is the best form of diet. The ingestion of large quantities of water is recommended. The skin should be kept active and protected. Moderate exercise is recommended. If the child is near viability efforts should be made, if the condition of the mother

warrant it, to stave off an abortion. But if gestation has gone to seven months or over and symptoms are urgent, or if the child is dead, delivery should be promptly made. If gestation has gone on to full term and convulsions have set in, the uterus should be immediately emptied. The essayist then discussed the treatment. Sedation by chloroform, chloral, morphia and the bromides, bleeding, purgation, diaphoresis and diuresis were the points to be observed in treatment. The rationale of these various phases of treatment and their relative value were referred to.

A Case of Abscess of the Lung, by Dr. J. S. Hart. The patient was a young woman aged twenty-two, who, when the doctor first saw her, was suffering from pyæmia. There was marked tenderness over the right iliac region. The doctor leaned to the diagnosis of typhoid fever for ten days, when suddenly the patient began to cough and expectorate purulent material. The lower lobe of the right lung behind was dull. Shreds of lung tissue were found in the sputum and streptococci. Patient remained much in the same condition for some days, when she began to discharge pus from the vagina. In three months recovery took place.

The Study of Dried and Stained Preparations of the Blood, by Dr. Harold Parsons.

The Present Status of the Radical Cure in Inguinal Hernia.—The discussion in surgery was next on the programme, and Dr. George Bingham, of Toronto, opened with a paper dealing especially with the various operations for inguinal hernia. The merits and demerits of McEwen's, McBurney's, Halsted's and Bassini's operation were explained, and shown by lantern slides on a large screen. In the experience of every operator, operation on children gave the best results, and the larger number relatively operated upon the less the percentage of deaths. In any event the percentage of deaths should be less than one. As to recurrences, such are sure to take place, and a radical cure should never be claimed until at least one year had gone by. Femoral, umbilical and ventral hernia were touched upon.

Dr. J. Wishart, of London, followed, and said he had been operating for some years. He began with the McBurney, but was led to abandon this on account of the large percentage of recurrences, 25 per cent. to 30 per cent. No operation seemed at the present time to be the ideal one, but Bassini's seemed to give the best results. Every operator would find, however, that cases were to be judged on their merits, and the various operations modified as the operator choosed. As to sutures, silk was by no means a good material for buried sutures. Kangaroo tendon gave the best results with the speaker.

The Cottage Sanitarium Treatment of Pulmonary Phthisis, by Dr. N. A. Powell, Toronto.—Experience proved beyond doubt that this plan of treatment was the best we have at the present time. The results obtained at Saranac Lake, by Dr. Trudeau, where about 30 per cent. of permanent cures, and 75 per cent. materially benefited, could not be equalled by any other plan of treatment at the present time. Several lantern slides were shown of the cottages at Saranac Lake, and of the sanitarium near Gravenhurst, which will be opened in about two months. The speaker hoped the profession of Ontario would heartily support the work, and not get the mistaken notion that it was a place for our consumptives to go to die.

The Effect of Gravity Upon the Circulation.—A paper thus entitled was read by Dr. R. D. Rudolf, Toronto. The writer commenced by showing several lantern slides illustrating the effect of gravity in the circulation of dogs, proving that (1) this force produces in a nominally horizontal animal a lowering of the carotid blood pressure in the vertical feet-down position, with a synchronous rise in the pressure in the femoral artery and also in the portal circulation; (2) that if the splanchnic nerves be cut or paralyzed by drugs, such as chloroform or curari, gravity produces in the vertical feet-down position a greater fall in the carotid pressure than in the normal animal, the blood accumulating in the paralyzed abdominal vessels; (3) that in an animal, whose splandemics have been paralyzed, either version to the head-down position, or bandaging of the abdomen causes the arterial blood pressure to rise again. In normally upright animals, such as monkeys, gravity does not effect the general blood pressure in different positions, the system fully compensating for the same, and this is the state of things in healthy man, the radial pulse as measured by Oliver's arterio-meter, showing that the blood-pressure is fully maintained when man is standing, as compared to lying down. The writer then showed that in diseased states, where the circulation was weak, gravity acted markedly, increasing the swelling of the feet in standing in diseases characterized by engorgement of the venous system, and increasing the tendency to syncope and dizziness in diseases characterized by low arterial tension. He urged that the evil effects of gravity might be neutralized by judicious placing of the patient horizontally, thus decreasing the work of the weak heart, and he suggested that frequent resting in this position by patients suffering from heart disease *before* compensation begins to fail, would help to postpone that evil. He emphasized the urgency of only giving chloroform with the patient strictly horizontal, and suggested that previous bandaging of the abdomen might tend to lessen the risk of dangerous lowering of

arterial blood-pressure by this drug. Lastly, he pointed out that in certain diseased conditions gravity well supplements other treatment, for example, in cases of varicose ulcers, where these are much benefited by raising the limbs, and he suggested that in cases of excessive blood pressure, placing the patient in the vertical position, viz., sitting up in bed should assist the compensation for the abnormal tension, and in this position vaso-diluted drugs, such as nitrite of amyl, nitroglycerine, and the slower and more persistent erythrol tetranitrate would best exert their diluting action in the splandemic system of blood vessels. The writer claimed little or no originality for any of the ideas in his paper, and eulogized Mr. Leonard Hill's work as recently published in various journals.

Skiagraphs.—Dr. E. E. King showed some most interesting and instructive stereopticon views of a number of skiagraphs.

A Dermoid of the Cyst Ovary; a Myxo-Sarcoma; and a Polypus. By Dr. W. Oldright. It was removed from a patient whose principal complaint was frequency of micturition. A tumor about four inches in diameter was discovered behind the uterus. It seemed elastic and fluctuated in palpation. On removal it was shown to consist of three loculi and contained caseous matter, hair and teeth. A good recovery followed its removal. The second specimen was a myxo-sarcoma. It was first noticed by the patient, a farmer's wife, aged 47, about a year ago, in Scarpa's triangle. On removal it was seen to be about six inches in diameter and was connected with the connective tissue near the fenner.

The third specimen was a fibroid polypus about the size of a hen's egg removed from the margin of the arms of a four months' old baby.

Albuminuria of Pregnancy.—Dr. D. G. Gordon led the discussion in Obstetrics on Albuminuria of Pregnancy. This condition meant a disturbed kidney function. The presence of albumen in urine meant the presence of a pre-existing poison. The mechanical pressure theory would not account for the condition. Albutt had questioned, might it not arise from absorption from the intestine? The symptoms in severe cases resembles those of other specific diseases.

Intracranial Syphilis; Two Cases, with Remarks.—A paper with this title was read by Dr. Alexander McPhedran. The essayist began with the history of two cases. The first was that of a man in whom, after only partial treatment, the disease manifested itself by symptoms of headache and left hemiplegia, followed by right hemiplegia. Partial improvement followed the administration of the iodide of potash, with inunctions of mercury. Later the arm on the affected side

became increasingly spastic, following which there was no improvement. In the second case, after some years of latency, the patient complained of daily recurrences of pain in the temples, followed some weeks later by chills and fever. Some time later a slight swelling presented a swelling in the left frontal eminence, which, under the iodide, disappeared. Close inquiry revealed the fact that the woman seventeen years before had nursed a neighbor's babe, after which there appeared a sore on her nipple.

In the first case there was syphilitic endarteritis with temporary interference with the circulation in the right hemisphere, causing sudden paralysis of the left side. But a more grave disturbance a week later caused a degeneration terminating in general paresis of the right side. The second case represented a less common variety of intra-cranial syphilis, in which the meninges appeared to have been affected with simple inflammation, or the formation of gummata. In a third class of cases there is a chronic diffuse, sclerosis of the brain or spinal cord, leading to paralytic dementia and tabes dorsalis respectively. These classes of cases depend on the way in which the brain is attacked. The general prognosis might be summed up as follows:—

1. The longer the period of incubation the worse the prognosis.
2. The longer the cerebral symptoms have existed before vigorous antisymphilitic treatment is begun the worse the prognosis.
3. Cases that manifest general symptoms such as headache, vertigo, and epileptiform, convulsions are generally more favorable than those with focal symptoms.
4. The worst prognosis is in those presenting such general nervous affections as tabes and general paralysis.

The essayist then discussed fully the treatment of intra-cranial syphilis.

Some Considerations in the Management of Pregnancy.—Dr. E. E. Harvey introduced this subject. The essayist holds that pregnancy is an affliction to many women owing to the fact that during that period in which a mighty revolution is being effected in their mental and physical being, viz., that of adolescence, they are forced in our schools to undue mental activity, physical inactivity, to breathe vitiated air, sedentary habits, and excessive stimulation of the nervous system.

In the healthy woman the assimilative powers are increased, the muscular and nervoust issues of the uterus keep pace in their increased growth; but in the other class the muscular tissue does not develop, while the nervous tissues of the uterus becomes hypersensitive.

The essayist then described his treatment of the abdominal pains of pregnancy. Bromides, hydrastis, tampons of belladonna and glycerine were useful. Any inflammatory condition of the cervix must

be attended to. For the restlessness, backache, tired feeling, insomnia, mental depression, the patient's mental and domestic life needed to be inquired into. Patient should be encouraged to lead an out-of-door life, to take exercise, to wear loose and light clothing. The emunctories should be kept acting freely. Cool bathing was grateful. Diet should be attended to. For insomnia sulfonal acted well.

Hydrotherapy of the Skin in Early Phthisis. Dr. Playter's paper throws doubt on the theory that tubercle bacillus is the cause of consumption. It is well known that these bacilli not infrequently exist in the body, for years, alive and yet harmless. There are well authenticated cases of consumption with all the characteristic symptoms, in the sputa of which no bacilli could ever be discovered; and on the other hand cases of apparently quite healthy persons in which the sputa persistently contained the bacilli. Dr. Playter has made a special close study of this disease for more than a third of a century, and from personal experience in his own person, when threatened with the disease, as a student, and in a large number of cases in practice since, and from collective investigations—opinions and experiences of other physicians—which he has made, and although he recognized the germ theory at first, he found too many insurmountable obstacles in it, and is now convinced that the disease is an auto-infection, a self-poisoning, a self-generated, septic condition of the blood and tissues, caused by imperfect breathing, or some form of defective respiration, as from a neglected "cold," dust, etc., and hence want of sufficient *antiseptic* oxygen in the body. The bovines most prone to tuberculosis are the Jerseys, which have the smallest chests, from long breeding for milk, with little or no active exercise. Caged animals, and not those fresh from the fields, become tuberculous after experimental inoculations. Fresh out-door air too, in abundance, is the great remedy prescribed and urged by every physician. On this theory the doctor contends, with our present knowledge of self-infections in many diseased conditions, mental and physical, every morbid feature and peculiarity of consumption, may be reasonably accounted for. The bacillus, nearly always present, is *post hoc*, and possibly originally benign, designed to feed on and neutralize the self-generated poison in the body. If there be virtue in the anti-tubercle serums of Pauquin and Koch (the solutions of bacilli) this rather sustains this view. The bacillus may be rendered virulent, possibly pathogenic, by its poisoned environment in the body of the diseased; as the well-known bacillus, the bacillus coli communis, naturally in the human body, is known to become highly virulent in certain conditions of the intestines, or in outside focal matter.

The Treatment of Gastro-Intestinal Catarrh in Infants was the title of a paper by H. D. Livingstone, of Rockwood.

Pneumococcus Infection, by Dr. H. B. Anderson.

Hyperchlorhydria, by Dr. H. J. Hamilton. The writer in this paper refers the name to that class of cases in which there is an increase of hydrochloric acid and ferments of the gastric juice, excluding organic lesions such as gastric ulcer, which are often accompanied by this increased acidity. Though observed a half century ago, Reichmann, in 1882, was the first to investigate the condition of our modern methods.

Clinically, three classes of cases are recognized, those in which the hydrochloric is increased only during digestion; those in which the increase occurs in attacks, and those which, in addition to being marked by an increase in hydrochloric, are accompanied by hypersecretion both during digestion and fasting, and by dilatation of the stomach.

Cases in which the proportion of hydrochloric is more than 2.5 parts per 1000, are considered pathological. The causation, symptoms and diagnosis of the three classes of cases were given in detail, and typical cases of the second and third varieties reported. Special attention is given to treatment. The points to be observed are:

1. Removal of all causes which stimulate gastric secretion.
2. Neutralization of the excess of hydrochloric by the administration of alkalis in sufficient doses during the process of digestion.
3. Adoption of a diet of an albuminoid character.
4. Treatment of the gastro-intestinal atony and resulting phenomena. The treatment of cases of dilatation by lavage, spraying the mucous membrane of the stomach with nitrate of silver, 1 or 2 parts per 1000, and electricity, were dealt with.

Intra-Laryngeal Mycosis.—Dr. Price-Brown, of Toronto, read a paper on a case of intra-laryngeal mycosis. This condition, usually found in the faucial region, is caused by a cryptogam, the *leptothrix mycosis*. There are usually no subjective symptoms, except in cases where the growth is considerable, when there may be some dysphagia and slight cough. Occasionally the larynx is involved. To eradicate the plant is somewhat difficult. Various astringent and caustic applications are recommended, but Dr. Brown finds the galvano-cautery gives the best results. The doctor reported a case. The patient was a young man aged nineteen, who suffered greatly from cough. There was a good deal of expectoration. Began to lose his voice. Appetite poor. Several white spots could be seen in the larynx surrounded by

hyperæmic areas. Streptococci, but no bacilli, were found in the sputum. After ineffectual treatment by lactic acid, silver nitrate, the galvano-cautery was tried with good result. Creasote and cod liver oil were administered with inhalations twice daily, of menthol and creasote.

Some Notes on Some of the Peculiar Phases of Appendicitis, by J. F. W. Ross. Following is a brief resumé of the paper :

We are no nearer a conclusion as to the cause of appendicitis than we were eight or ten years ago. It is yet unknown. The "foreign-body" theory is probably partly correct. It is of common occurrence among children, and the aged are not exempt from it. The disease may remain latent for some time and several symptoms show themselves suddenly. The amount of pain varies in different cases. The discovery of McBurney's point is of much clinical value. Examination through the rectum should be remembered. A man may have an abscess near the cæcum and experience little inconvenience beside a tired and chilly feeling, unless the pus burst into the general peritoneal cavity. The pus may burrow into pockets. Accompanying the disease of the appendix there may be a phlebitis. In one form the veins of the mesentery are inflamed, and violent rigors ensue. Dr. Ross does not advise operation in the acute stage of the disease if invasion of the peritoneal cavity has taken place with collapse. He has operated in such cases, but with little success. In some cases he thinks it wiser to make a simple incision through the abdominal parities, and keep the wound open by iodoform gauze. In cases where localized abscess has formed he keeps his incision well out towards the bone, and reaches the pus accumulation from behind. He has never yet lost a patient suffering from the recurrent form of the disease when he has operated between the attacks. He operates for repair of damage subsequent to the disease if there is (1) a fatal fistula ; (2) an unhealed sinus ; (3) prolapse of the bowels through an unhealed ulcer ; (4) a hernial protrusion of the abdominal contents. The paper contains references to many unique cases.

Cystic Tumors of the Ovary Complicating Pregnancy and the Puerperal State, was the title of a paper by Dr. H. Meek, of London.

CASE 1. Was the history of a patient seen in Mr. Lawson Tait's Hospital in Birmingham, where a suppurating dermoid cyst had interfered with labor, and in about three months removed. Patient died in thirty-six hours.

CASE 2. The pregnancy and labor had been normal for the first child, but eight months previous to operation second pregnancy had been attended with difficulty, and the attending physician had

aspirated a fluctuating mass which retarded the descent of the head. Recovery was very slow ; patient able to get up after a time ; she had to go to bed again. At the time of operating a large mass with very little fluctuation was felt behind the uterus. This was opened and cleared of pus, fæcal in character, and of light-colored hairs. It was curretted and thoroughly cleansed ; swabbed with iodine, and drained. Under this treatment the cavity gradually contracted and the patient improved nicely.

CASE 3. Was that of an unmarried woman, who presented a double tumor, one in the right side, which appeared to be ovarian, and the two month pregnant uterus in the left. Operation revealed this to be the case, and the tumor was removed through the abdomen without interrupting the pregnancy.

Contrast is made between the cases not seen until labor occurred and where seen early in pregnancy. The cause of the trouble removed and allowed an eventful recovery. Every pregnant woman should be carefully examined, so as to be certain no unfavorable condition was present which would interfere with labor.

After luncheon at the Royal Canadian Yacht Club and an excursion on the lake, the Association assembled at the Toronto General Hospital for a clinic.

Dr. J. E. Graham showed an interesting case of Hodgkin's disease.

Dr. I. H. Cameron showed a case which he had operated on for abscess on the lung.

Dr. L. Tesky showed a boy upon whom he had operated for, 1st, abscess of the liver ; 2nd, inguinal hernia ; 3rd, phimosis.

Dr. G. A. Peters showed a case of suppuration of the knee-joint upon which he had operated.

Dr. A. McPhedran showed a case of abscess of the lung which had been drained.

Dr. A. Primrose showed a case of skin-grafting after the Thiersch method.

Dr. Chas. O'Reilly showed a number of ingenious and cheap appliances made and used in the Institution.

Dr. Allan Baines showed a case of transposition of the heart.

The report of the Committee on nominations was then received and adopted. It was as follows : Dr. Wm. Britton, of Toronto, President ; Dr. Sanson, of Windsor, 1st Vice-President ; Dr. H. P. Wright, of Ottawa, 2nd Vice-President ; Dr. John Wishart, of London, 3rd Vice-President ; Dr. J. Mitchell, of Enniskillen, 4th Vice-President ; Dr. J. N. E. Brown, of Toronto, General Secretary ; Dr. E. H. Stafford, Assistant Secretary, and Dr. G. H. Carveth, of Toronto, Treasurer.

The newly-elected President said he appreciated highly the honor conferred upon him. The end and aim of the Association was that it might grow until it embraced the medical profession of the whole country. This could only be done by each member of the Association doing his best to bring one or more new members into its ranks.

QUACK MEDICINES.

Dr. Barrack presented the report of the Committee on Legislation. While noting with pleasure the advance made in legislation in Ontario in regard to the health of the public, they begged to impress on the Association the advisability of bringing to the attention of the Government two matters: (1) The appointment of a committee to supervise, in some way, the various quack and other advertisements in the public press, appealing to and deluding the sick and afflicted; (2) In rural districts to have one medical health officer for the county instead of one for each municipality. The report was adopted after some discussion.

VICTORIAN ORDER OF NURSES.

One of the members drew attention to the proposal to found an order to be called the Victorian Order of Nurses. He thought the scheme crude and impracticable, and one that would do untold harm to the Canadian public. The result of half-trained nurses—and he contended they would be only half-trained—going into the sparsely settled districts to look after the sick would be an increase in the death-rate. The high death-rate in England was, according to the best authorities, due in no small degree to the large number of midwives in that country. The matter was one which ought to be seriously considered by the Association, all the members of which had the health of the public in view. He moved. "That in the opinion of the Ontario Medical Association the proposal to found a Victorian Order of Nurses is an unnecessary and impracticable scheme."

OBJECTIONABLE FEATURES.

The seconder of the motion said that while he had the utmost respect for many of the schemes and works which Her Excellency the Countess of Aberdeen was engaged in, he did not agree with this movement. The pamphlet issued from the office of the Governor-General at Ottawa in regard to the order contained some objectionable features. One of these was a statement in effect that Canada needed more Dr. MacLures, men who were not in the profession for the sake of the fees alone. That sort of attack on the profession was

certainly irritating. The medical men of Canada never refused to do all in their power for sufferers, even when they knew that their patients were too poor to pay fees. Continuing, he dealt with some of the objects of the order as stated in the pamphlet. One of these was to attend the sick poor of the city in their homes, the same work exactly, said the doctor, that was being carried on so successfully by the Nursing at Home Mission of Toronto, and like organizations in other cities.

A rural doctor said that in twenty-five years' experience as a country practitioner, he had never met a case in which a doctor had refused to attend a patient, no matter how poor the latter might be.

A Toronto medical man said that since the organization several changes had been made in its constitution, the most important of which was that the nurses should pass a specified examination by a committee of medical men.

STRONG DISAPPROVAL.

Others thought that the resolution should state the reasons on which the Association based its objections to the scheme.

The President therefore appointed a small committee to draft such a resolution.

The resolution brought in and adopted, was as follows: "After careful consideration of the scheme for the founding of a Victorian Order of Nurses, so far as its details have been made public, the Ontario Medical Association desires to express its full appreciation of the kindly motives that have prompted the movement, but feels that it would be neglecting a serious public duty if it failed to express its most unqualified disapproval of the scheme, on account of the dangers which must necessarily follow to the public should such an order be established."

The meeting then adjourned,

J. N. E. B.

Editorials.

University Medical Faculty.

THIS department of the University's work has undergone another quinquennial reorganization. It would seem from the plan of a five-year overhauling that this faculty is subjected to, that it acquires dead wood very rapidly, or requires new wood very frequently to keep it up to the standard. By the recent reorganization it would appear as if it stood in need of repair rather than the lopping off of dead branches. We understand that the present appointments are "during pleasure," and that another reorganization will be unnecessary. The faculty has been strengthened by additions to the staff. The department of gynæcology will be improved by the addition of Dr. J. F. W. Ross, who has been appointed an associate professor, and will have charge of operative gynæcology.

The section of medicine is increased by the addition of Drs. G. Boyd and R. J. Dwyer. As these gentlemen are comparatively recent graduates, we may reasonably presume that they are up to date in their views, and will cast much lustre on this important branch of medical education.

In the department of surgery, which was notably weak last session, some very important additions have been made to the staff. Drs. L. M. Sweetnam and H. A. Bruce, F.R.C.S., Eng., were recommended by the committee of the Senate, but a special appeal was made by Dr. I. H. Cameron for still further assistance, and Drs. B. Spencer and A. Primrose were considered the most likely to supply what was thought to be lacking.

The above four, with Dr. G. A. Peters and *Mr.* Cameron, who were formerly on the surgical staff, should make the faculty strong to cope with its rivals.

The subject of therapeutics and materia medica, which was *professed* by an eye specialist, has been strengthened by the appointment of Mr. Heebner, of the College of Pharmacy, as associate professor.

Drs. W. B. Thistle and H. T. Machell have been added also on the section of diseases of children, which has been given a place for the first time on the announcement. Dr. Machell is the Council representative for West Toronto. The legal question may come up as to his right to sit in the Council.

A known feature of the medical department of the University's

work, however, is that in spite of all these organizations, and reorganizations and disorganizations, the numbers of students are decreasing. By the report of 1892 certain numbers were assumed as a fair basis of calculation. Already the numbers are much below what was expected. Is this the fault of the staff, or the fault of the intending student who does not know a good thing when he sees it?

It may be said in closing that some of the more selfishly ambitious younger members of the faculty, in their desire to create positions for themselves, caused much ill-feeling five years ago. Judging by what we see and hear this ill-feeling is by no means dying out; and many of the old friends of the University and the Toronto School of Medicine regard the present state of affairs as riding for a fall. Some express the belief that good feeling will again prevail in the faculty. We certainly hope so, but are afraid that the feeling of antagonism existing between individual members is too deeply seated, and of too personal a nature, to render such a result possible.

The Victorian Order of Nurses.

THE REVIEW had the courage to declare against this scheme when it was first placed before the public. It was condemned as impracticable and Utopian. We are glad to notice that the Ontario Medical Association, in a strong resolution, condemned the movement. There are plenty of ways of honoring our noble Queen besides establishing a new order of nurses. Just as well raise a large fund to educate a Victorian order of doctors, or druggists, or ministers who would be supposed to work for nothing, or ridiculously small pay among the poor. The MEDICAL REVIEW is still of the opinion that the new order of nurses, even if started, would soon die out, and would tend to throw discredit on the many other successful Jubilee undertakings.

Lodge Practice.

THIS question has again been raised by the references to it in Dr. John Coventry's presidential address at the Ontario Medical Association. Though the worthy doctor said some very hard things about the evils of lodge practice, he was certainly not one whit too hard. Where in all the world can you find such a lot of fools as doctors are in this very matter? There is not a single argument that can be

adduced in support of lodge practice that will stand a moment's inspection. On the other hand, it is easy to show that the very worst of results are constantly arising from the lodge system. Those who take lodges are doing the profession a great wrong. In time they are going to reap the evil effects themselves. All the while the worst methods of electioneering, competition, cut rates, lowering medical dignity, etc., are rampant. Why not simply give it up?

The Ontario Medical Association.

NOTWITHSTANDING the strong counter-attraction, the coming British Medical Association, there was an average turn-out at our Provincial Association which met last month in Toronto. Dr. Jno. Coventry, of Windsor, made a splendid chief executive officer; and he was ably supported by the various other officers of the Association. The committee on papers had too long an array of good papers; there being lack of time for discussion. The members of the committee on Arrangements worked well to see that every detail of the entertainment was arranged for. A successful meeting is always assured when these two committees perform their duties as did those under Drs. Britton and Machell.

Dr. Britton, the president elect, in response to the toast at the banquet, expressed his ardent wish that the sympathies of the whole profession should be enlisted in the Ontario Medical Association. We are sure that the large staff of men who have been appointed to assist the President for the coming year will actively co-operate with him in order to bring about this much-to-be-desired end.

THE HIDDEN DANGERS OF CYCLING.—Dr. A. Shadwell, London, England, in *Medical Age* for April 10th, calls attention to the dangers of cycling. Among these is heart trouble, which may come on very suddenly and in a severe form though the speed of the wheel may not have been great. Again, cycling has the effect of completely using up some people. It is often said they overtaxed their strength; yet it does not appear that they rode very far or hard. The most marked evil from cycling is the nervousness sometimes caused by it. The face puts on an expression which the writer calls the bicycle face. The many forms of breakdown from years of bicycling cannot be accounted for by any theory of over exertion. They seem to point to a cerebral and not to a muscular origin. They are not associated with other severe forms of exercise, as foot-ball, rowing, running, etc.

At the meeting of the Bruce and Grey Medical Association, held at Chesley on May 12th, 1897, the following resolution was unanimously carried: Moved by Dr. Cooke, Chesley; seconded by Dr. Cameron, Owen Sound, "We, the Medical Association of Bruce and Grey, view with alarm the largely increased expenditure of the College of Physicians and Surgeons, and considering the heavy debt incurred in college building and depreciation in rentals and values in Toronto, would earnestly recommend rigid economy. We consider the indemnity to members of the Council excessive, and would advise its reduction to one-half its present amount, and that the other controllable expenses be reduced at least twenty-five per cent. And further, we regret the useless bickerings of members of the Council, not only retarding business, but bringing odium on themselves and the profession generally. We also deprecate the publishing of personal criticisms of each other by members of the Council. Further, that a copy of this resolution be sent to the Registrar and medical journals of the Province, and to our representative."

Walkerton.

M. STALKER, Secretary.

Personals.

DR. GRIFFIN, of Hamilton, has been appointed to the Medical Council in the place of Dr. Rosebrugh, deceased.

DR. CHAMBERLAIN, of Morrisburg, has removed to Mine Centre.

DR. SLOAN has been appointed Surgeon to the Central Prison, *vice* Dr. W. T. Aikins, deceased.

DR. CHAS. R. DICKSON has removed from Bloor Street to 343 Sherbourne Street.

DRS. G. STERLING RYERSON, George A. Bingham and J. T. Duncan, of this city are at present in London, England.

THE resident house surgeons at the General Hospital for the coming year, selected from the recent graduates, are as follows: From Toronto University Medical School—Drs. R. Nicholl, J. H. Mullen, G. Royce and W. F. Maybury; as alternates, Drs. J. A. Cummings and G. F. Campbell. From Trinity Medical College—Drs. J. S. McEachern, F. A. Scott, R. W. Large and R. W. Perry; as alternates, Drs. J. A. Butler and C. H. Callander. The selection is made with a view to the high standing and general qualifications of the men. Their terms of office expire June 30th, 1898. Dr. Graham and Dr. Foster have also been appointed to the staff of the Sick Children's Hospital.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Medical Council—Dr. Sangster.

Dr. Williams's purely technical relations to honesty and truthfulness in public debate—Self-convicted of dishonesty of purpose and untruthfulness of statement—Is a tricky and unscrupulous debater—Setting up men of straw to knock them down—His futile attempts to whitewash the Executive Committee—The latter an illegally constituted and, practically, an irresponsible triarchy—The plausible doctor's artless admissions as to the qualifications deemed necessary on the part of those considered eligible for admission to the President's Chair or the Executive Committee—Fallacies, plausibilities and misrepresentations—Dr. Williams still obfuscated as to "who is who and what is what"—Vital interests of general profession not safe in hands of the schools and a few medical sectaries—Futility of trying to call the Executive Committee to account in the presence of the "Ruling Alliance of Sixteen"—Attempt as vain as it is costly—Prefer to carry my appeal unto Cæsar—Public opinion in the profession may grow only slowly, but it does grow, and when developed its results are sure—The "Machine," the Council's bed of Procrustes—stretching or lopping off members to happy-family mould and standard dimensions—Daring averment—Do "Regulations provide for Full examinations?"—Council usage—Citing various members and especial Dr. Williams as witnesses with regard thereto—The doctor's zeal in the service of the schools impels him to "eat crow"—He is "keel-hauled" by the Council on two successive occasions for making the averment set forth in his June letter—Why the project of holding a Full examination has never been mooted in the present Council—When convicted of deliberate falsehood and misrepresentation Dr. Williams invariably resorts to the school-boy's retort "You're Another"—Unmanly use of means CALCULATED to win confidence—His influence in the Council except in the Inner Circle, a thing of the past—How and why he has lost it—The only coin with which honorable and intelligent men pay for the spurious and crafty vaporings of polemical knavery.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—In the June REVIEW, Dr. Williams attempts the hopeless task of exonerating the Executive Committee from the charge of usurping Council functions, and of recklessly wasting Council funds, and of insolently withholding information asked for by members of the Council. His letter, from start to finish, is just such a tissue of artful misrepresentations and deliberate misstatements as your readers have,

no doubt, by this time learned to expect whenever the plausible doctor opens his mouth to speak or takes up his pen to write on Council affairs. I do not propose to follow it in detail, as, after the unhappy exposure I have been forced to make of his utter freedom from the restraints that govern honorable men in public debate, *that* would be purely a work of supererogation. Dr. Williams stands before the profession to-day as a tricky and unscrupulous controversialist—*self-convicted* of dishonesty of purpose and untruthfulness of statement in his Council relations. If, therefore, his studied averments, his subtle creations, his artful insinuations, his labored sophistries, or his high class plausibilities thereupon, still carry a particle of weight with them, it can only be among members of the Inner Circle in whose behalf he speaks and writes, or among the few *good-natured* or *torpid* souls who either have not cared to look into these things, or whose judgment is clouded by the charity that believeth no evil. While, however, only cursorily reviewing the letter as a whole, I am tempted to deal with some one paragraph of it more fully, for the especial edification of those members of the College, if any such there still remain, who have not even yet learned how liberally the salt of discretion must be used with every statement that either flows from the nib of his pen, or falls from the tip of his tongue while dealing with Council affairs. And allow me, sir, to premise that, while I must select a single paragraph for this purpose, the production contains no paragraph that could not be used with almost an equal effect.

The distinguished representative of No. 2 opens his letter with one of those men of straw which he is much in the habit of setting up in order that he may valiantly knock them down. I have never said or implied, as he avers, that the "statute law" declares that the Executive Committee shall consist of five members, or that its irresponsibility is due to any defect in the "statute law," and, consequently, your correspondent's long and turgid peachment thereupon is simply balderdash. I did say that the Council By-law assigns five members to that Committee, just as it assigns seven or nine or eleven members to each of its other Standing Committees, and that the Council has no more right to depart from the requirements of its own By-law with regard to that Committee by electing thereon two gentlemen who already, by By-law, *ex-officio* belong to it, than it has a right to elect these same gentlemen on any or every other standing committee to which they are *ex-officio* attached. I pointed to the existence, in the Council, of an immoral and a traitorous combination created expressly, it would appear, for the purpose of defrauding the profession of the control of the Council, which it was thought to have

secured by the Medical Act of 1893, and I very properly claimed that an Executive Committee appointed *practically* by this "Ruling Alliance" and exclusively out of its own membership was, and is, beyond the reach of either the medical electorate or the body of its representatives in the Council, and that, therefore, it is "*practically* an irresponsible triarchy." I now repeat this allegation with all the emphasis and confident assurance of its correctness that I am capable of expressing through the medium of printer's ink, and I should indeed be surprised if your crafty correspondent's finely spun sophistries and artful misrepresentations should deceive any one concerned save only them whose material interests, or alliances, or sympathies are antagonistic to, or, at least, not coincident with those of the profession at large, and who are thus naturally open to such deception. Moreover, in this last letter, the too-zealous doctor adds to the many fatal admissions he has already made with regard to the Inner Circle and its internal economy, by conceding, in effect, all that I have ever charged concerning the qualifications it demands of those whom it selects for membership in the Executive Committee or for elevation (?) to the President or Vice-President's chair. Calling it "the Council"—though covertly alluding to the "Solid Phalanx," which meets in secret, to the exclusion of the independents and the opposition, and "talks over the officers and other business" of the approaching session, so that "the members may decide on their course," etc.—he asks "What will they (it) demand of those who receive their (its) votes. *Their (its) man must be proved by time and association.* These gentlemen of the opposition may become members of the Executive Committee and may fill the presidential chair, *but they must first do something to earn the confidence of*"—Whom? Dr. Williams says "their professional brethren," but as their election to membership in the Council, not by a petty school corporation or by a baker's dozen of medical faddists, but with sweeping majorities by large constituencies of their fellow practitioners on the very issues now being raised, is proof positive that they earned and now possess "the confidence of their professional brethren." Hence, the only rational way in which the writer can close the sentence quoted is by using one of the phrases, "Inner Circle," Solid Phalanx, or "Ruling Alliance of Sixteen." And, so, his statement—divested of all *double entendre* and superfluous verbiage—simply amounts to an admission that no territorial representative can win access to these positions until he has gained the confidence and approval of the "Combination" by showing himself to be sufficiently ductile to be acceptable, and by giving evidence that he is free from all inconvenient sense of super-loyalty to his constituents.

Would Dr. Williams argue that the vital interests of the Established Church in England would be safe in the hands of the dissenting organizations? Even his temerity would scarcely impel him to take a position so obviously absurd. And yet in a communication intended to reach the medical electorate—so meanly does he esteem the intelligence of those whom he ventures to address, that he dares to contend that the vital interests of the general profession are safe in the hands of the schools and of a few medical sectaries which have scarcely a single concern in common with the great body of ordinary medical practitioners. He admits that both the President of the Council and the Executive Committee have power to jeopardize the vital interests of the profession. Is it then reasonable that the electorate or its loyal representatives in the Council shall tamely consent to see these positions systematically handed over to school men and homœopaths? The crafty doctor pretends that he does not know that every member of the Council is such, not in his capacity as a medical man, but by election or by appointment, and that he takes his seat in the Council chamber, not as a member of the profession, but as a representative or nominee sent thither to guard and maintain one or other of the three divergent and antagonistic interests which are there supposed to struggle for supremacy. His childish pretence that homœopaths owe, or profess to owe, allegiance to the medical electorate, and that outside their theory of dosage, they have no interests at variance with those of the general practitioner, if it be intended to be taken seriously, is on a par with very much of the baby-talk Dr. Williams is in the habit of prattling in the Council chamber, and which sensible men, who do not belong to the machine, there dismiss with a smile of derision and the expressive Turkish expletive, "BOSH!" True, Dr. Thorburn, to whom he alludes by name, is appointed (not elected) by his colleagues of the Toronto School of Medicine. But he is sent to the Council as the representative of a close corporation, which, if it be still in existence, which is questionable, has not a single interest in common with the profession; and, in the Council, he is the exponent of the views and the guardian of the privileges and prerogatives, not of his fellow practitioners, but of the educational bodies of which he is one of the appointees. And he does his duty in this respect with a zeal and an intelligence and a fidelity that do him great credit, and at the same time shame the recreancy of all trimmers and traitors, who, being sent to the Council to look after the vital concerns of the profession, instead of loyally doing their *devoir* in that behalf, have, for the paltry lust of office or the empty desire to stand well with their official

associates, sold themselves body and breeches to interests' hostile to those which they were elected to serve.

I need not remind you, sir, how public sentiment would be outraged were the Government, or any of its members, to gravely propound the theory that because the Opposition and the Patron members of the House make it part of their business to find and report irregularities, and evidences of corruption in the management of public affairs, they are, on that account, to be regarded as ineligible for election to any standing committee of the legislature. Fancy, then, the obtuseness, or otherwise the hardihood, of the man who, in this land of responsible government and free representative institutions, addressing himself, through you, to an auditory confessedly as intelligent and discerning as is the medical electorate of Ontario, while claiming that there exists in the Medical Council no proper government, yet presumes to argue that because members of the Opposition venture to criticise and even to emphatically condemn the wastefulness and faithlessness and misgovernment of the "Machine" which runs the Council, that, *ergo*, they must be held as ineligible for election to the Executive Committee or any other standing committee of the Council! Is not this, in effect, telling the electorate that it has no right to send to the Council men who are dissatisfied with the existing order of things, or who are suspected of having aspirations towards the reform of existing abuses, and manhood enough to struggle for the realization of these? In one of my earlier letters I expressed my belief that, not unfrequently, newly elected members have gone to that Council, hoping to be the apostles of better things, and burning to evolve, therein, order out of chaos. But they found themselves there confronted by an organized and unscrupulous alliance or ruling majority, and, though they may have valiantly fought for a time against being laid upon the Council's Procrustean bed, to be stretched or curtailed to the standard Council dimensions and "happy family" mould, they were sooner or later frozen into acquiescence, and made to become almost as servile to a corrupt alliance as is Dr. Williams himself. How completely, in his enumeration of "the qualifications necessary to secure election to this committee" your indiscreet correspondent supplies the key to the mystery of past subserviency and misrule, and confirms the surmises I then ventured to make!

I care not to follow Dr. Williams' puerilities with regard to my not arraigning the Executive Committee before the Council with regard to each of the many more serious delinquencies complained of. Two years ago I did explicitly charge that committee before the Council with having insolently and defiantly refused to allow the Registrar to

supply me—not with formal returns, as your correspondent deliberately alleges—but with simple and informal information, which I sought for in the interests of the profession, which was well within the scope of that official's duty to furnish, which would not have involved an extra expenditure of five cents, and which was asked for courteously and in good faith. I was then taught the futility of asking the "Inner Circle" to censure or suffer to be censured a committee of its own creation, and composed exclusively of members of the "Combination," for adopting any line of action conceived in the interests of the "Ruling Alliance of Sixteen," howsoever detrimental it might be to the profession I am anxious to serve. To, as the event has uniformly proved, an expensive and futile attempt to secure redress at the hands of the Council, while it is controlled by the "machine" it contains, I prefer, and, in future, I shall act on that preference, to carry my appeal unto Cæsar. I shall, in every case, fully and honestly and unreservedly take the profession into my confidence—lay my arraignments and my evidence before it, and confidently await the result. Public opinion may be a plant of slow growth, but it grows. The profession may show a deplorable amount of *vis inertiae* and may move but tardily towards independence, yet it does so move. Presently—as soon as the electorate becomes fully informed of how the Council is run, it will rise to the duty of asserting and protecting itself, and the evils now complained of will then be no more.

Dr. Williams describes as incorrect my statement, that "in 1881 there were six members on the committee, yet that year it cost the Council nothing." It would, as a rule, require, I trust, something more than his mere *ipse dixit* to that effect to convince your readers that such is the case. The Treasurer's Financial Returns show that in 1881-82 the committee cost nothing, and Dr. Moore, last session, reading from the Minutes of Council (to which, not being in the inner circle, I have no access), said, "I see that in 1881 we had six on the Executive Committee, and that in 1882 it was cut down to three (*vide* last year's announcement, p. 103). It was on this statement, and the Treasurer's Financial Returns, that I made my averment. Dr. Williams and Dr. Moore are at variance as to whether the Committee was cut down from six to three in 1881 or in 1882. I prefer, as will most persons, to believe the latter, as Dr. Williams is liable to burn his fingers whenever he touches figures relating to Council affairs.

He gives a tabulated statement of the constitution and cost of this committee for each year. This table may or may not be correct; I cannot say, as I have no access to the Minutes of Council prior to

the year 1887, and, when I asked for a far less elaborate sheet of information, the Registrar was instructed to refuse it. If I were sure this tabulated statement emanated from Dr. Williams alone, I should reject it as worthless, inasmuch as he stands self-convicted of manipulating figures to suit his purpose. This is one of the most cherished means of his "*calculated* to win confidence," and, although he may have been recently taught *as by fire*, caution in its use, he still, I fear, on occasion resorts to it. If, however, we may assume that the table was furnished by the Registrar, it is doubtless correct, and I thank Dr. Williams for its insertion, since it completely proves the correctness of my contention, that the only proper way to curtail the cost of that committee is to discourage it from holding formal meetings at all by cutting off all allowance for attendance thereat. The table shows that on some occasions the committee when consisting of ten or thirteen members cost nothing, while on others, when composed of only three members, it cost as much as \$306.70.

He avers that, the larger the committee, the more prone it was to assume the functions of the Council, and that one year it went "to the length of changing the date of the examination!" This latter was not a very serious delinquency as the date of the examination, *i.e.*, the established spring examination, has never yet been legally fixed by By-law, as the Act directs, by the Council itself. And all such comparatively trivial usurpations of Council functions by the larger committee sink into insignificance, in view of the insolent and defiant and demoralizing and costly acts of usurpation of Council functions of which I have shown that this smaller committee of three has been guilty, and the force of my exposure of which, Dr. Williams is now vainly trying to break by his usual tissue of pretty nothings, and artful plausibilities, and daring misrepresentations, and unscrupulous resort to means "*calculated* to win confidence."

To show the writer's utter want of scruple as to the truthfulness of his statements I promised to more fully examine a single one of his contentions. His aim is *at any cost* to break, if possible, the force of my exposure of the misdeeds of the Executive Committee. His method of trying to compass it is strictly and peculiarly Williamsesque. Among the several paragraphs written to that end, there is, perhaps, but little to choose, although, as a specimen brick of the whole structure, I select the one denying my charge that the Executive Committee has, for the past two years, insolently and defiantly usurped the Council's prerogative of ordering a fall examination. That his treatment of the case is heroic, goes without saying. He shows, in fact, a disregard of consequences, so reckless that it would make his auditory catch its breath if exhibited by a performer less practised than he

is in perilous feats of high tumbling on the polemic trapeze. He boldly avers that the "*regulations of Council provide for fall examinations!*"

Now, what are the facts of the case? In the session of 1889-90 the Council adopted a report of its Committee of Education, recommending two examinations each year. This was prior to the employment of an official stenographer, and, consequently, there is in existence, no report of the Council's proceedings, showing in what sense and with what limitations this recommendation was by it endorsed. That it was accepted, however, only on the distinct understanding that it was to apply merely to the then current year we have abundant evidence. We have on record, to that effect, not only the subsequent annual action of the Council, as a whole, which action, Dr. Williams assures you, "speaks louder than words;" but we have both the individual action and words of such men as Drs. Bergin, Henry, Miller, Day, Bray, Britton, Thorburn, Harris, Geikie and, last, but not least, and more especially and most emphatically, of Dr. Williams himself, as quoted below. In every year since its reinstitution, if held at all, the fall examination was authorized by a direct motion in Council to that effect, and a formal vote thereupon. As the Council proceedings are not indexed, and the labor of search is considerable, I beg to refer your readers, who desire to verify this statement, to the locality in each Annual Announcement where they may find this matter discussed and voted on, viz., Announcement for 1891-92, p. 211; that for 1892-93, pp. 183, 184; that for 1893-94, pp. 140-142, and that for 1894-95, pp. 22, 23. And yet, at every one of these meetings in which the Council thus formally decided to hold for that specific year a fall examination, the Registrar was authorized to make the necessary clerical changes in the Annual Announcement of which the plausible doctor prates so prettily, and which authorization had no more to do with the ordering of a fall examination than with the ordering of the new roof required by Micawber Castle.

In the Announcement for 1892-93, p. 169, in the report of the debate *re* the matter of a fall examination, your readers will find Dr. Williams is reported as saying, "We know that there is at least about one-half of this Council of the opinion that one examination a year is enough. We have received this year the assent of at least all the Education Committee that *this year* it is better to have the two examinations; those of us who are in favor of having two examinations always, should not hesitate to accept that step, and when the next year comes, *let the next year stand upon its merits*, but we had better accept the step now that it is in our favor, and *have the two examinations for this year.*"

Yet, when the next year came, a new exigency presented itself, and on behalf of the schools, this faithful and unscrupulous henchman, found and embraced a further opportunity of winning applause by an exhibition of skill in the perilous art of polemic high tumbling. In opposing, on the ground of economy, Dr. Geikie's motion in favor of a fall examination, Dr. Bergin confronted the schools with the serious danger of losing that esteemed privilege. It was on this occasion that your versatile correspondent, "eating crow" in the shape of all he had advanced the year before, first put forth his present ridiculous claim that the "*Regulations provide for fall examinations.*" He was, however, on that occasion promptly, and very properly, "keel-hauled" by the Council for his purile contention. It pooh-poohed his suggestion and again decided, *by formal vote*, to hold a fall examination (in the autumn of 1893). The following year, 1894-95, when the subject again came up for discussion, Dr. Williams' zeal in the service of the schools, impelled him to once more trot out his silly suggestion, with the result that he was once more snubbed by the Council, which again decided that such an examination could only be held on the Council's authorization to that effect repeated from year to year.

Dr. Williams tells us that at least half the members of the old Council were opposed to fall examinations, and it is well understood that a majority of the newly elected members hold strong views as to the impolicy of continuing these useless and very costly sentimental whims. Hence, quite probably by Dr. Williams' advice, and with his concurrence, the question of continuing them was not mooted in the Council in its sessions of the two last years. Still both these years fall examinations were held, with an annual \$700 loss to the College finances. On whose authority were they held? Clearly not on that of the Council. It lies, therefore, between the Registrar and the Executive Committee. The former is known to be opposed to these examinations on several grounds, especially that of their cost, and it is not conceivable that he would assume the responsibility of holding them without distinct instructions to that effect from the President or the Committee. Where the onus really rests is a matter to be investigated at the approaching session. In the entire Minutes of Council Proceedings there is not to be found a by-law, or a resolution, or a regulation establishing fall examinations, and Dr. Williams was well aware of this fact while he was penning his statement to the contrary.

When, as in this case, Dr. Williams is *convicted* of deliberate untruthfulness and misrepresentation, he seems to think the school-boy's retort, "You're another," fills the whole bill of requirements, and may be taken as a receipt in full. He appears not even yet to

realize the fact that his unsupported assertions, and artful perversions and cowardly inuendoes are, except as illustrations of his methods, utterly without value. Having established, not by my averments merely, but by actual proof, the purely technical relations of Dr. Williams to truthfulness of statement and honesty of purpose in Council affairs, I cannot afford to dismiss, with the contempt it deserves, his wholly unsupported assertions and insinuations touching my own veracity. Unlike the plausible representative of No. 2, I have no brief to defend a traitorous alliance, no past official tergiversation to cover up, no representative disloyalty to conceal, and no Council extravagance or misgovernment to palliate or deny. If I had, I hope there is manhood enough in me to impel me to throw up the sponge rather than resort to such means as my honorable friend regards as not unworthy of use in his efforts at retaliation. As it is, I have, certainly with no selfish or unworthy motive, and at the cost of much personal unpleasantness and unmerited abuse, devoted myself to the betterment of the present government and future prospects of the profession to which I belong, and whose highest interests I am only anxious to faithfully serve. Working to that end, I once more declare that I write nothing which I do not honestly believe to be true, and that I try to speak of persons and things strictly as I find them. Dr. Williams may thank himself for the exposures I have had to make, but, outside his associates of the Inner Circle, his influence in the Council is very properly, and, in the interests of the profession, very happily, a thing of the past. Members outside the Ruling Alliance of Sixteen, must feel that they can no longer rely on his honesty of purpose or his truthfulness of statement, and can scarcely afford to stand before their constituents as willing to be misled by his specious nothings and artful plausibilities. The constitution of this Executive Committee will again this session come up for review, and an attempt will again be made to secure thereon the profession's rightful and necessary representation. It may be taken for granted that the eight school-men, the five homœopaths and Dr. Williams, and, possibly, his two elected associates of the Inner Circle, will all vote against this simple act of justice to the medical electorate, because with them the matter is one not of conviction but of combination. For this, there is no remedy until an outraged electorate shall have meted out justice, at the elections, to the three territorial derelicts concerned. But surely the profession may confidently expect, that every member, free from all entanglement with that alliance, shall hereafter accept Dr. Williams' Council salvoes of blank cartridges and shots from the *suggestio falsi*, and *suppressio veri* chambers of his dialectic revolver,

with the indifference and contempt which are the only coin with which honest and intelligent men pay for the spurious and crafty vaporings of polemic knavery.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, June 24th, 1897.

Medical Council—Dr. Williams.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—That part of Dr. Sangster's June letter dealing with the debate in the Medical Council, must be passed over for the present. At a later date we may review his conclusions. With your permission let me now glance at the part specially devoted to myself.

No doubt, Mr Editor, you will congratulate the doctor on his improved style. In his June letter he does not once resort to what he was pleased to call "the school-boy trick of making faces and calling names." True, it has been at the expense of his "*raciness*" (?), yet his friends will submit to this sacrifice, if it results in such a striking improvement in his diction.

He must be congratulated, too, on his marked ability in escaping from an awkward position. He had given us many exhibitions in this direction through his series of letters; but, with the instincts of a natural teacher, he acts upon the necessity of frequent répétitions, if the lessons are to be thoroughly impressed. You will remember with what boldness he asserted a caucus of sixteen was summoned each year antecedently to the Council meeting, who there and then settled the personnel of the Council affairs, etc. Yet, when he found himself cornered, he sought escape by a series of half truths. Later, he makes the assertion that I read a paper before the Ontario Medical Association, when President of the Council, which was published; and that some rude outer barbarian at once tore my figures to tatters in the public press. When his attention is called to the fact that no such paper was read, nor yet published, he looks for some other half truth by which, with a little bluster, he hopes to escape. This course may serve with the unthinking. He should remember, however, he is writing for a medical journal, to be read by intelligent medical men. Such chaff will scarcely catch birds of this kind; yet his squirms are made with cleverness. He puts the whole blame on the Association. They announced it in their list of papers to be read, and "the averment may or may not be true that it was not read." He gravely

tells us, however, that "he himself called attention, in the public press, to the gross misstatements it involved." And he meets the fact that it was not published by the statement that "a synopsis of his (my) paper *or remarks* was given the press and published." He does not condescend to tell us by whom the synopsis was furnished, nor in what paper it was published.

We had learned the doctor has a very remarkable memory, in that it retains vividly facts and incidents that never occurred (for instance the details of the statement the President furnished the Government—a statement never furnished); and when referring to his averment as to the reading and publishing of this paper before the Association, we conjectured it must be a feat of the same great memory, that there could not be two such in one country. The doctor makes good our surmise. He says, "he himself, in the public press, called attention to the misstatements in the paper"—the paper *that had as yet no existence*. This, however, does not do the doctor's great ability full justice; he can accomplish still greater feats. He tells us that the President of the Council was to give an address twelve days later, and intimates that if the President made "*some remarks*" at the Association, of course he had memorized this address and "*said it* before the Association." Now we did know of his great memory, and we knew of his great ability to see what we had in our hands when he was miles away; but even then, we did not give him credit for being able to read the President's thoughts and criticise them twelve days before they had taken form in words. A wonderfully clever man this representative of No. 12.

After exploiting himself so ingeniously in the display of his exceptional talents, and when he thinks, and hopes, he has so mystified his readers that they will lose sight of his unique truthfulness, he returns to the President's address of five years since. Here he throws himself. What with exclamations and italics he makes out a dreadful case. He declares that I "do not *now* attempt to deny that before the Association" I "manipulated the treasurers's statement," as if one is called upon to deny every vile slander uttered scurrilously in the Billingsgate spirit. He reinforms us there are figures absent that ought to be present. How could that occur only from a desire to falsify the record? And that dreadful man, who made this omission, "must clearly understand that his evidence on Council matters is ruled out of Court, and is . . . in future, worth less than the ink with which it is written." Mr. Editor, the doctor has had his say, and his re-say, on this matter. We invite those who are sufficiently interested to read the original, with his criticisms, and judge whether

or not such exclamations and exaggeration of paltry trivialities, are such as would carry conviction to the mind of any candid reader. We do not fear their honest judgment.

Your correspondent suggests, that I may need the aid of friends to raise a "blush." That he should expect this after his wrongful language is not surprising. A sensitive man usually colors at unjust accusations. In this case, however, I *will not* "*blush*," nor will I trouble my friends to do so for me. I, as well as your readers, know the accuser.

There are men who "blush" from conscious wrong-doing. Most men, when convicted of attempting to deceive with half truths and with making and distorting facts, would indicate some remaining sensibility with a blush. Though your correspondent occupies this position nothing of the kind will be expected from him. Neither his enemies nor his friends believe that at any period, for more than two decades, was he capable of such evidence of sensibility, no matter how great the moral obliquity, nor how forcibly brought home to him.

He intimates that "when a man is caught in a quagmire," and wishes to save himself from sinking deeper and deeper into the ooze, all authorities agree that the best method is to "*keep quiet*," in the hope that his friends may come to his rescue. The doctor finds himself in this unfortunate position, but is ashamed to take the advice of the authorities. He hints to his friends, but they allow it to go unheeded. He has, then, no hope but to flounder on and on, and rust that time and chance may bring some means of escape. True, when he commenced his letter-writing he hoped to rehabilitate himself with the public and the profession, and had he been more discreet his position might have been improved; but with his calling names, his brag and bluster, he still remains the same John H. Sangster.

Mr. Editor, if I understood your announcement of some months since, the meeting of the Medical Council is to terminate the personal encounter between its members, in so far as your journal is concerned. That, while correspondence, in brief form, touching Council matters, will always be welcomed, it must be confined to the Council's business or policy, and must be courteously expressed. Your readers, if not your writers, will commend your decision. Personalities, no matter how vigorously written, neither please nor edify. To the writers they are a subject for regret. To many a man, however, a time comes when it would be poltroonery not to meet on his own ground and deal with the veriest swaggering bully. This is my excuse for so far trespassing on your generosity. I hope to have no further cause.

Nevertheless, I lay no claim to the meekness of a Moses, and if for some reason one correspondent is permitted to luxuriate in personal warfare, no doubt with your usual equity you will permit his opponent to indulge in the same delectable pastime, at least to the extent of defending himself.

Yours, etc.,

J. ARTHUR WILLIAMS.

Ingersoll, June 26th, 1897.

Decoying Young Men Into the Profession.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—I was at a loss some time ago to comprehend the meaning of a little dodger, which some one was kind enough to send me, bearing at its head the name of one of our medical schools ; but thanks to the REVIEW and to some of its correspondents I have since learned that this unique production was intended to do duty in decoying young men into the profession, as copies had been placed upon the desks of students writing on their final at the last examination of the medical school named at the head of the dodger.

What a bright idea ! Oh, shades of Hodder, how thou must blush if thou could'st but witness the business push of some of your old associates !

When one considers the many traps to draw young men into the profession of medicine—which long ago has been filled to overflowing—is it to be wondered at that every now and then some one in its ranks is tempted into risking his freedom, and in many instances even his life and that of his patients, in order to make ends meet and to keep the wolf from the door ? In view of this, is it not about time the profession should rise in its might and petition the Legislature to snuff out any medical school, or institution, which permits any of its staff to induce young men to abandon other honorable pursuits to enter the profession of medicine to starve ? The duty of every member of the profession should be to put a check to this without delay. The Defence Association has a number of active and influential men in its ranks, who, if they go about it and act with determination, the Lord help any government that would venture to turn a deaf ear to their prayer. Other methods, too, might be worked to advantage. Let members of the profession adopt the boycott system.

Scarcely a member of the profession who has not an opportunity every year of putting one or more good fat fees in the way of the professors of our colleges. Let the medical men in future take care

to select as consultants only those who are known not to countenance questionable methods of advancing their personal interests. Care, too, is required on the part of the profession in electing representatives to the Medical Council. Those under the glamor and influence of the school representatives and their henchmen who embrace every opportunity to uphold and support an extravagant, a tyrannical and irresponsible clique in the Council, should be left severely at home.

No man should be sent to Council who is noted as an economizer of truth, or as a schemer, or who manifests a willingness to maul those who criticize his conduct. Untruthfulness and artifice, together with fisticuff tyranny, are very poor weapons with which to effect a conquest, and never yet were known to make people either submissive or loyal. Indeed, many of the ablest and wisest heads in the profession, in Toronto and throughout the Province, and even members of the Ontario Legislature, freely admit that the Medical Act is very much endangered by the high-handed proceedings of the clique and its supporters in the Council. Personally, I am of the opinion that nothing short of reconstruction of the Council will restore peace and save the Medical Act.

Should the present clique in the Council have full swing for another term, and the erasive power which the Council professes to possess be put in force, there can be little doubt that the loss of the Ontario Medical Act is not unlikely to follow. This would be a calamity both to the profession and to the public. It would, therefore, be for the general good if the school representation were wiped out and the Council made elective, and thereafter special care taken against schemers and office seekers securing a seat at the Board.

The duty of the profession now and henceforth should be unremitting vigilance in Council matters. Every member should keep himself well posted in medical politics, and not in the spirit of mere day laborers, be content to grub along earning such fees as fall in their way, oblivious of the fact that under the manœuverings of the schemers in the Council, aided by their allies, the day is rapidly approaching when the profession shall have drifted into that condition that there will be but few or no fees to earn in a professional or legitimate way. It is important, therefore, that every constituency not already represented by a reliable man should be urged to a spirit of enquiry and investigation, and thus stimulated to a sense of duty and self-protection.

Of the eight constituencies contested last election the defence candidates carried six, and there is no reason, in the next elections, why the places held by the *plausible*, the *scheming*, the *fisticuff*

and the doubtful element in the present Council should not be taken by others more worthy and in closer touch with the best interests of the profession.

Yours truly,

Oshawa, June 11th, 1897.

W. COBURN.

Selections.

The New Tuberculin.

IN spite of the fiasco of 1890, Koch's is still a name to conjure with in the study of tuberculosis, and the announcement that he has again published to the world a remedy for this disease cannot fail to arouse eager expectancy among physicians, and to kindle the hopes of the new generation of consumptives which has followed upon that which the tuberculin of seven years ago could not save.

The article descriptive of this new tuberculin appears in the *Deutsche medicinesche Wochenschrift* of April 1, 1897, but any sinister significance which this date might have is removed by the fact that the article itself is dated November 14, 1896, its publication having been delayed, possibly by reason of the author's absence in South Africa. . . . He then comes to a description of the new tuberculin, which is prepared through a mechanical destruction of the bacilli. The great difficulty has been to destroy the protecting layer of sebatic acids, but this was finally accomplished by triturating dried cultures in an agate mortar with an agate pestle, adding distilled water, and separating in a powerful centrifugal machine. In this way he obtained a whitish opalescent fluid, free from bacilli, and a slimy sediment containing the debris of the bacilli and some undestroyed specimens. This sediment was again dried, worked about in a mortar, mixed with water, and separated in a centrifugal machine, the process being repeated until every vestige of the bacilli had disappeared, and nothing remained but a series of clear fluids. The first of these fluids differed from all those subsequently obtained, the latter, however, being identical with each other. The first of these fluids he called tuberculin O, or "T. O."; the second tuberculin R, or "T. R." Treated with glycerine, T. O. is found to contain the substances soluble in this fluid, and is similar therefore to the old tuberculin. It also acts like tuberculin, causing a reaction but not conferring immunity. When glycerine is added in quantity to T. R.,

a cloudiness is produced, showing that this contains substances insoluble in glycerine. It is this fluid, the "T. R.," which Koch believes is the remedy for tuberculosis.

The remedy is given in the same way as tuberculin, beginning with a very minute dose, and increasing gradually until the maximum is reached. The fluid contains eight milligrammes of the active principle in one cubic centimetre, and is diluted with salt solution in order to obtain a small enough dose. The initial dose is one-five-hundredth milligramme, but if a reaction follows the dose it must still be further reduced. The injections are made every second day, and the dose is gradually increased during a period of two or three weeks to twenty milligrammes. If any elevation of temperature occurs, it must be allowed to subside before another injection is given.

The preparation of T. R. requires the exercise of many precautions. In the first place, not every culture of tubercle bacilli is fit for the preparation of an efficacious T. R. Koch's experiments, which he will describe at some future time, have shown him that all tubercle bacilli are not so uniformly virulent as is generally supposed. Cultures which have been growing through many generations in the laboratory will, as a rule, be found to have lost their virulence in great measure, but for the preparation of T. R. only virulent cultures are to be employed. The drying of the culture must be done in a vacuum exsiccator, and all chemical contamination in the process of manufacture must be avoided, for T. R. is very unstable. The cultures and the completed preparation must also be kept away from the light. Complete separation of T. O. and T. R. is obtained only when the completely clear T. O. has taken up at least fifty per cent. of the solid substances, and it is very necessary that the two should be completely separated, for if T. R. contains any T. O. an undesirable reaction will follow the injection. Naturally the preparation of this new tuberculin, with its trituration of perfectly dry cultures of exceedingly virulent tubercle bacilli, is in the highest degree dangerous to the operator, and Koch says that he felt always as though he were dealing with high explosives. The preparation of large quantities should, he thinks, be undertaken only in establishments where the danger could be reduced to a minimum by the use of suitable mechanical appliances. The fluids can be preserved by the addition of about twenty per cent. of glycerine, which is not enough to cause a precipitation of the T. R.

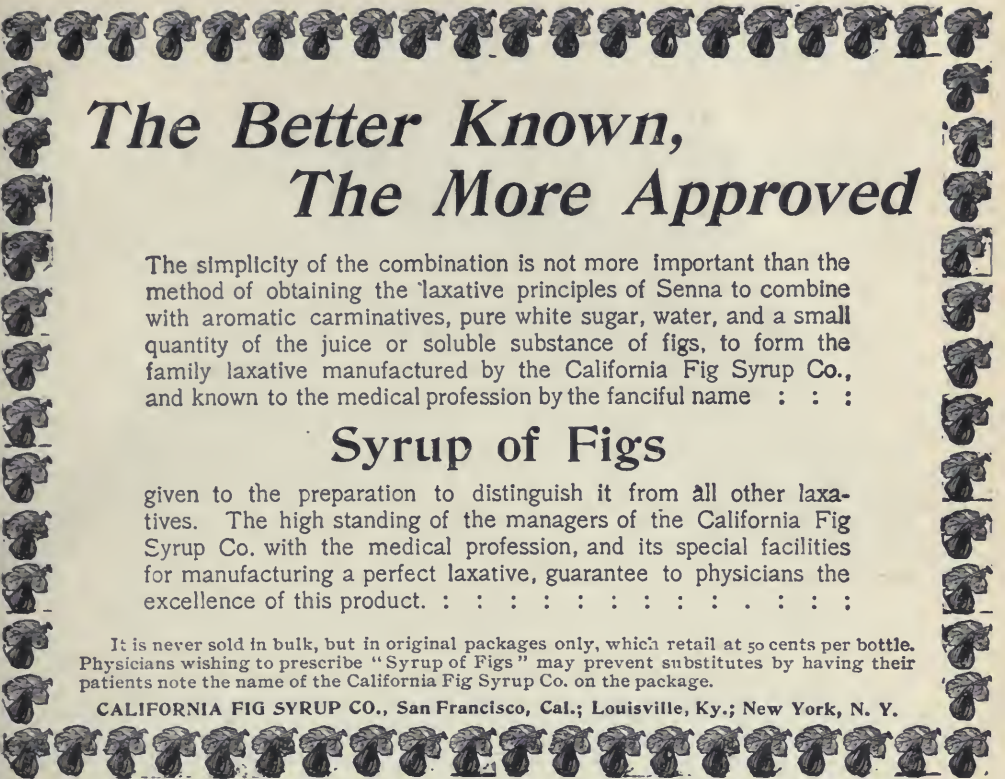
As to the results of T. R. injections in guinea-pigs and in man, Koch speaks with confidence. He has tried it in lupus and in pulmonary tuberculosis, and the results have been such as to cause

him the greatest satisfaction. It is useless, he says, to give the remedy with any hope of success to patients who are in the last stages, with but a few months to live, or to those in whom a secondary infection, especially a streptococcal, exists, and in whom the symptoms of sepsis have pushed those of tuberculosis into the background. Furthermore, patients with a temperature of over 38°C . (100.4°F .) are only exceptionally influenced for good by the specific treatment or tuberculosis. In suitable cases, however, an improvement is invariably obtained. He says that he uses the term "improvement" advisedly, although according to the ordinary usage he would be justified in speaking of the patients as cured. He is unwilling, however, to regard any as actually cured until after the expiration of a certain period without any relapse. There were no unpleasant general symptoms observed, and there was no reaction whatever when the dosage was properly graduated. In the case of pulmonary tuberculosis, the only effect of T. R. was a slight increase in the rales, but this symptom soon disappeared, the sputum rapidly diminished in amount and its formation ceased, and the temperature curve declined.

It is possible, Koch says, that some other method of administration may be found more efficacious, or possibly the desired end may be reached better, and more speedily, by some combination of T. R. with T. O. or by a serum preparation obtained by means of T. O. or T. R., experiments with which are now being conducted. But he maintains with entire confidence that any further improvement in the preparation itself is not to be looked for. This preparation is made from fresh and highly virulent cultures, which were alive immediately before the trituration process, and the bacilli are brought into a soluble state without the employment of any chemical means. Nothing better than this can be done, and anything that can be accomplished with cultures of the tubercle bacillus can be accomplished with T. R. and T. O.

Whether the confident assurance of this distinguished investigator will be justified by the results of a general application of his new preparations must be left for the future to decide. At present we can only say, in the words of our Berlin correspondent: "Hoffen wir, dass einem zweiten Tuberculin-Rausch nicht ein zweiter Katzenjammer folgt."—*Medical Record*, April 24.

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DESCRIPTIVE LITERATURE UPON APPLICATION.

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Miscellaneous.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—The next meeting of the Mississippi Valley Medical Association will be held in Louisville on October 5th, 6th, 7th and 8th, 1897. All railroads will offer reduced rates. The President, Dr. Thomas Hunt Stucky, and the chairman of the Committee of Arrangements, Dr. H. Horace Grant, promise that the meeting will be the most successful in the history of the Association, and this promise is warranted by the well-known hospitality of Louisville and Kentucky doctors.

THE ADVANTAGES OF TECHNICAL LANGUAGE.—The advantages accruing to the modern trained nurse from a familiarity with technical medical terms are shown by the recent remark of a nurse in attendance upon a man suffering from vesical retention. The patient had for some days been obliged to make several futile attempts in each case before accomplishing the function of micturition. Finally relief came, and the nurse saluted the doctor at his morning visit with the cheerful words: "He passed water to-day *by the first intention*."—*Boston Medical and Surgical Journal*.

IT HAS NO RIVAL.—At the meeting of the American Medical Association, held at Washington, D.C., Dr. John H. McIntyre reported "Ten Selected Cases of Laparotomy, with Remarks." From this paper, published in the *Journal of the American Medical Association*, we quote as follows: "I use but little opium or morphia, for the reason that these drugs, by locking up the secretions, limit the power of elimination, and therefore favor septicæmia. For over a year past, in cases of laparotomy where pain and rise of temperature were present, I have used antikamnia in ten-grain doses, with the happiest effects." A further objection to opium and its derivatives is referred to in an article by Dr. Herman D. Marcus, resident physician, Philadelphia Hospital (Blockley), published in *Gaillard's Medical Journal*, from which we quote: "There is probably no group of diseases in which pain is such a prominent and persistent symptom as uterine or ovarian disorders, and in no class of cases have I been more convinced of the value of antikamnia than in the treatment of such affections. An obstacle in the use of morphia is the reluctance with which some patients take this drug, fearing subsequent habit. Antikamnia causes no habit, and I have never found a patient refuse to take it."

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DISTINCTIONS BETWEEN HUMAN AND ANIMAL BLOOD.—On mixing the blood in question with a little bile, there are formed crystals not exceeding 0.003 metre in size. Those of man are right rectangular prisms; those of the horse, cubes; of the ox, rhombohedrons; of the sheep, rhombohedric tablets; of the dog, rectangular prisms; of the rabbit, tetrahedrons; of the squirrel, hexagonal tables; of the mouse, octahedrons; of common poultry, cubes modified at their angles, etc.—*Scientific American*.

THE DURATION OF INFECTION IN WHOOPING-COUGH.—Weill, who in 1894 expressed the opinion that whooping-cough is contagious only during the premonitory catarrhal stage, has since put his opinion to the test (*Lyon Med.*, May 9th, 1897). On various occasions he permitted nearly one hundred young children, who had not previously suffered from whooping-cough, to be associated in the same ward for twenty days or more with children suffering from the disease during the stage of whooping. In only one case was the disease contracted, and in this instance the patient from whom the infection was derived was in the very earliest period of the whooping stage. In three small epidemics Weill was able to satisfy himself that infection was contracted from children who had not yet begun to whoop. He concludes that infection ceases very soon after the characteristic whoops commence, and that therefore in a family it is not the patient who is already whooping, but his brothers and sisters who have not previously had whooping-cough who ought to be isolated.—*British Medical Journal*.

THE INFLUENCE OF DIET ON THE ACTION OF CERTAIN TOXINS.—Teissier and Guinard (*Sem. Med.*, February 24th, 1897) experimented on the conditions which modify the effects of certain bacterial toxins, and found that fasting raised the resistance of the animals to these toxins. Thus, with the toxins of diphtheria and pneumo-bacilli the first toxic symptoms generally appear much later in fasting dogs than in well-fed ones, four out of twenty-two resisting the toxins absolutely. The post-mortem lesions, also, were invariably slighter in those that died after a fast, and the longer the fast the greater was the resistance. By fasting is here meant a diet sufficiently restricted to modify general nutrition. The explanation is either that (1) the toxins, meeting with starved cellular elements, are destroyed by them before they have produced their full effect, or that (2) the action of the toxins is delayed or absent because the starved body is wanting in some substances on which the toxins depend for the production of directly active poisons. The second is the more probable explanation.—*British Medical Journal*.

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The BERLINER KLINISCHE WOCHENSCHRIFT, 22nd March, 1897, publishes a Report upon some experiments that have been made under the direction of PROFESSOR GERHARDT, in his Clinic at the Charité Hospital at BERLIN, demonstrating the value of APENTA WATER in the treatment of obesity and its influence on change of tissue.

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TORONTO, AUGUST, 1897.

No. 2

Clinical Notes.

A Case of Typhoid Fever.

BY DR. J. HART, TORONTO.

THE paper I am about to present is a simple narrative of a case, and not a review of medical literature, or an expression of a scientific (or unscientific) theory.

On the evening of January 21st last, I was called to see Miss E., aged twenty-two years. I found her with dark rings about her eyes, face pale, except the cheeks, which was bright pink; pulse, 118; temperature, $102\frac{1}{2}$; frequent diarrhoeal discharges; loss of appetite; white, furred tongue; and marked tenderness in the right iliac region.

She had that day been moved from another part of the city, where she had been ill for ten days. I was informed that her illness had come on suddenly (though her health had not been very good before) with abdominal distress and vomiting; that she had in two days

* Read at meeting of Ontario Medical Association.

improved somewhat, and had then relapsed into the condition in which I first saw her.

A diagnosis had been made by the physician who had attended her before her removal; with this diagnosis I did not agree, and after a few days inclined to the view that the case was one of typhoid fever, though none of the characteristic spots could be found. The evening temperature was constantly 102, or a point or two more, and the morning temperature about one degree lower, while the tenderness on pressure over the right iliac region persisted, and at the same time I thought there was an abdominal fulness and feeling of resistance in the part. The case went on in this way for ten days, my uncertainty in regard to the cause of her trouble continuing, with the balance inclining toward the typhoid fever idea.

At this time I was sent for hastily, and found that the patient had been taken simultaneously with vomiting and coughing, and was in much distress. It was then, for the first time, that I suspected some trouble in the chest as the cause of her illness. She had, up to that time, neither cough, pain in the chest, nor unduly quickened respiration.

Examination now revealed a large dull area in the lower lobe of the right lung at the back, and microscopic examination of the expectorated matter (which was quite offensive in odour), showed it to contain pus. The expectoration was scanty, lasting only a few hours, after which the general symptoms continued as before for five days, when there was a return of the purulent expectoration, the quantity being larger.

Dr. J. E. Graham was then asked to see the case in consultation, and a bacteriological examination of the sputa was suggested. Shreds of lung tissue were found, and the suppuration was found to be due to streptococcic infection.

The expectoration of pus continued for eight days with constant diarrhœa, pulse faster, and marked loss of flesh, the temperature remaining almost as when I first saw her. At the end of this period there was quite a free discharge of pus per vaginam, the nature of the discharge being verified by a microscopic examination. No bacteriological examination was made of the discharge from this cavity. This discharge explained the tenderness and undue fulness in the right side, which now became less and soon disappeared, the diarrhœa subsiding simultaneously. The temperature also began to fall, and in three weeks was normal. Some expectoration continued during this time, but in a month from the discharge of the abscess of the lower part of the body it ceased, leaving a degree of dulness of the part of the lung

involved, the breathing sounds of that part being semi-tubular, though not loud.

In less than three months from the beginning of her illness she was able to take short walks outside, and now is quite rapidly returning to her former condition of health.

The treatment throughout was supporting and stimulating ; milk, broths, eggs, predigested gruel and whiskey, and the various prepared concentrated foods being used. Strychnine was used rather freely ; quinine, part of the time ; iron and arsenic toward the close of the case ; later still, cod liver oil.

The case seems worthy of reporting, because of its unusual character, its insidious onset and consequent difficulty in diagnosis, and in these days of antistreptococcic serum, as a hint to enthusiasts that all recoveries in such cases are not due to the injections.

The case seems specially interesting from the fact that there were two abscesses so far removed from each other, still further complicating diagnosis. Whether the germ was the same in each, is not known, or whether the two suppurating foci were independent of each other both in germ and means of invasion, or whether one was the parent of the other.

The case is an argument for the conservative practitioner ; and most certainly is a strong argument for thorough examination in cases of difficult diagnosis.

MALNUTRITION IN INFANTS.—The combination of a yolk of egg and olive or cottonseed oil made into an emulsion is found very useful in cases of rickets or chronic malnutrition in infants. The emulsion can be made as follows :

Olive oil, 3 drachms.
Glycerin, 1 ½ drachms.
Yolk of two eggs.

Make an emulsion and add one-half minim of creosote to each drachm.

Occasionally it is better to use a small amount of creosote when this agent is not well borne by the stomach. A full teaspoonful of the emulsion is given three times a day after feeding. The preparation seems to be readily tolerated, even when the stomach is irritable.—

The Practitioner.

Selected Article.

The Immorality of the Anti-vivisection Movement.

BY DR. PAUL CARUS.

COMPASSION with the suffering is a virtue ; indeed it is that virtue which in itself constitutes humaneness and which, wherever absent, changes a man into a brute, a wild beast of prey. Let us therefore by all means foster this gentlest of all virtues, which is the main jewel in the crowns of the two greatest religious leaders of the world—Jesus the Nazarene, and Gautama the Shakyamuni. But compassion should not be allowed to grow rank ; compassion is a sentiment, and he who yields to sentiments without subjecting their exercise to criticism and discrimination, ceases to be a man of moral responsibility and degenerates into a creature of instinct. Compassion as a blind instinct is unquestionably a nobler fault than wrath, but as a passion it is a fault, it is sentimentalism, and its influence can become the more baneful the less its deficiencies are anticipated. Thus an untruth in the mouth of the erring who honestly believe it to be a truth may be more dangerous than an ethical falsehood pronounced by a liar.

The anti-vivisection movement, as it is carried on, is in this sense guilty of immorality, and we deem it our duty to state our views of the subject openly and frankly. We do not doubt that the anti-vivisectionists are noble men and women ensouled with the noblest of all virtues, compassion for the suffering, but they lack upon the whole the most essential of all virtues, which is thought, discrimination, discretion, consideration of consequences, a surveying of the situation and a weighing of the implications of the question as well as the results to which it leads.

Not to be misunderstood, the writer of this article states at once that he sanctions all those aspirations which tend to alleviate suffering of all kinds, in man and in animals, not excluding even the insects and the vermin which molest our life. He would condemn all contrivances and traps which involve unnecessary pain or produce suffering ; but for that reason he would not demand that we should not resist those creatures, be they small or great, that are pestiferous and obnoxious. There is no merit in sparing the life either of a

tiger or a louse; but it is a vice to take delight in torturing a wild beast caught, and also in prolonging the death-struggle of a fly. It is our moral duty to resist evil, but we should not resist evil with evil. Let us combat evil and all the creatures representing evil in an honest and square fight, but having conquered them, let us not delight in their destruction, for even the meanest and most wretched creatures deserve our compassion; they are the products of circumstances and cannot help being such as they are. Being evil, they deserve destruction, but he who finds pleasure in serving as their executioner becomes vicious in exactly the same degree that he yields to the passion of hatred and vindictiveness.

Mark well that whenever a murderer is condemned to die, that the law must condemn him and not the judge. The judge only pronounces the judgment, and the executioner is an instrument of the law, not a murderer. A judge who hates the criminal is in his heart guilty of an offence similar to that for which the criminal is condemned. A true judge has a sorrowful heart, and great is his responsibility.

The two greatest religious leaders of mankind, Buddha and Christ, have taught us to have compassion, but neither the one nor the other prescribed to avoid once and for all the infliction of any suffering. On the contrary, they taught that suffering is unavoidable. Buddha did not say that salvation is obtained by yielding unreservedly to the sentiment of compassion; he taught salvation by enlightenment. The bodhi, or enlightenment, is higher even than compassion which implies that the compassion which we must exercise towards all suffering beings is subject to the discrimination afforded by the light of the bodhi. And Christ's mission is mainly a lesson of sacrifice which means that salvation is obtained through suffering. There is no sentimentalism in either case. . . .

Now we ought to bear in mind that the moral man should never yield without previous deliberation to a sentiment or passion of any kind, not even to the gentlest and noblest, such as charity, compassion, love. Be full of charity, compassion, and love, but do not yield at once to every gentle motion of your heart, for your charity may be misplaced and your love may do more harm than good.

A noble zeal for truth was the original motive that begot the Inquisition; and a genuinely charitable spirit has pampered pauperism in Italy and other good Christian countries.

Therefore we must beware of yielding to sentiment, for every kind of yielding to sentiment is self-indulgence and will be productive of good by haphazard only in the same way that an animal may

perform a moral deed if his disposition at a certain moment happens to be excited in the right way.

The anti-vivisection movement we cannot help regarding as such thoughtless yielding to sentiment. The sentiment is noble and evinces a gentle disposition of the heart, but whether it is moral, whether it is right, whether it leads mankind upward is another question ; and it appears to us that it cannot stand a careful weighing of all the pros and cons. Before the tribunal of ethics it stands condemned as much as all those other sentimental aspirations, indiscriminate alms-giving, the burning of the bodies of heretics for the sake of saving their souls, and showing mercy to the tiger because he ought to have a chance of reforming and might learn to eat cabbage and grass like a lamb.

This life is a struggle and only the courageous will conquer. Courageous is he who does not fear to leave his body on the battlefield in order that his aspirations, his cause, his soul may be victorious. But shall we be courageous only so far as our own individuality is concerned ; must not the leader in battle have courage for the whole army. Indeed he must. Victory is gained only by sacrifices, by the wounds of the gallant, by the death of the brave.

Count Moltke had his own sons in the ranks of the German army, and he was a man of the gentlest disposition, kind, compassionate, and taking pity even upon the sufferings of a dog. Yet for a great purpose he was determined to make any sacrifice that was necessary to achieve it, and he said that "a whole regiment of soldiers had fulfilled its purpose if at a critical moment they were all slaughtered for the sake of delaying the enemy ten minutes."

As to vivisection, we all know that it is not a pleasant duty of the physiologist, but it is an indispensable task that must be done for the sake of investigation. It falls within the same category with all sacrifices. Should science neglect to search for light in this most important domain, the domain of life, its representatives would be guilty of a gross neglect of duty. They would be like generals who would retreat before the enemy, because the enemy's bullets endanger the lives of their soldiers. They would be like an officer in the fire department who, inspired by the idea of not causing pain to anybody, would recall his men from the burning building when they ought to rescue its inmates, because the firemen might blister their hands.

Vivisection may truly have, and frequently will have, the tendency of blunting the sentiments of the viviselector ; but so does dissection. Shall we surrender dissection as an obligatory part of medical instruction lest the moral sense of the student be shocked ? There are a

few quack schools of medicine in this country which undertake to educate physicians, but their degrees should not be recognized, for they leave their graduates ignorant on one, perhaps on several, most important subjects. It is true enough that the human body in its wretched nakedness is subjected on the dissection-table to most undignified treatment, which is liable to make the student vulgar and rude; but for that reason we cannot abandon dissection. The right thing to do is to teach the student the moral aspect of dissection and put him on his guard against the demoralizing influence of the dissection table. Do not cut him off from one of the best sources of information, but strengthen his moral nerve that he can bear the view of the Medusa without having his heart petrified by the sight of her terribly ugly features.

The anti-vivisection movement might be excusable if there were any valid arguments to prove that vivisection is useless. But the very opposite is the case. Innumerable discoveries of the most beneficent kind have been made through experiments on animals.

An anti-vivisectionist writes that he would rather die than purchase the prolongation of his life with the sacrifice of an innocent animal. That sentiment seems noble and generous. But should we not be ready to kill a million rabbits if we can thereby save the life of one child attacked with diphtheria? Now the question is not one child against a million rabbits; but many millions of children of all the generations to come against a few hundred rabbits; and consider that not man alone, but the whole animal creation, too, is the gainer by every progress of science.

The truth is that all the great scientists who are famous as clever vivisectors are as considerate as possible and avoid all unnecessary suffering. It is of course not exactly impossible that there are among the minor lights of science men ruthless enough to delight in the cruelty of their work, but it is very improbable. I believe that it is painful to vivisectors to be reminded of the fact that their subject is a living being; but whenever they think of it, they cannot help being touched by a sentiment of compassion.

Every compassion is a pain. While the anti-vivisectionist weakly indulges in his sentiment and thoughtlessly yields to the impulse of removing it, the investigator knows that the victim is sacrificed for a great purpose, and he can say to the rabbit on the table before him: "Blessed art thou, poor creature; thou art distinguished among thy comrades and glorious is the destiny for which thou hast been chosen. While most other animals die of direful diseases, frequently under terrible pains, thou shalt give thy life for science; for the sake

of revealing the mysteries of existence and for the purpose of giving us instruction, as to how some of the ills that flesh is heir to may be cured. Blessed art thou ; for thy death helps to build up life, and the preservation of the lives of many noble men and women will in part be due to thee. In them and with them thou wilt gain an immortality of a noble kind, which in the same way is otherwise not granted to the brute creation."

There is a great field for the humane societies, and they can do a noble work by elevating mankind and refining its sentiments, and also by protecting the dumb creation against the cruelty of savage masters. We are with them in all these worthy endeavors with heart and soul. In addition they may set their face against any kind of vivisection performed by those not called upon, but when they begin to meddle with science and forbid the physiologist to investigate life in the living animal, it is time to pronounce the *quousque*.

Vivisection, if strictly kept within the limits of its important purpose, is a moral obligation ; and he who would hinder the physiologist in the performance of his duties makes himself guilty of immoral conduct ; but any cruelty to animals, viz., every lack of respect for life, every thoughtless or wilful infliction of pain, every delight taken in torturing, injuring, or destroying sentient beings, is a crime that should be denounced and reprimanded and, if necessary, checked by the power of law.—*The Open Court*.

ICHTHYOL IN BLEPHARITIS.—Darier (*Clin. Ophthalmologique*, February 10th, 1897) recommends the following ointment for application in cases of blepharitis: Ichthyol 0.50 cg., powdered starch 5 g., oxide of zinc 5 g., vaseline 25 g. Its use has to be continued for some time, alternating, if necessary, with the application of silver nitrate, etc. In bad cases a little pure ichthyol may be smeared on the swollen lid margins at night, the lids being well washed with boric acid lotion in the morning. While ichthyol diminishes congestion it does not seem to diminish the conjunctival secretion, and where this is marked silver nitrate is called for. In rebellious phlyctenular keratitis with much vascularisation, Darier has obtained good results by introducing daily a minute portion of pure ichthyol into the conjunctival sac. This causes some smarting, which, however passes off in about ten minutes.—*British Medical Journal*.

Society Reports.

British Medical Association.

THE annual meeting of the British Medical Association will be held at Montreal on Tuesday, Wednesday, Thursday and Friday, August 31st, September 1st, 2nd and 3rd, 1897.

President, Henry Barnes, M.D., F.R.S.E., Carlisle; President-elect, T. G. Roddick, M.D., Montreal; President of the Council, Robert Saunby, M.D., F.R.C.P., Birmingham; Treasurer, Charles Parsons, M.D., Dover.

An address in medicine will be delivered by W. Osler, M.D., F.R.C.P., Baltimore. An address in surgery will be delivered by William Mitchell Banks, F.R.C.S., Liverpool. An address in public medicine will be delivered by Herman M. Biggs, M.D., New York City.

The scientific business of the meeting will be conducted in eleven sections, as follows, namely:

A. MEDICINE.

Macdonald Chemical Building.

President, Stephen Mackenzie, M.D., London.

The following discussions will take place:

1. The Dietetic Treatment of Diabetes, to be opened by Dr. Robert Saunby, Birmingham.

2. Arthritis Deformans (Rheumatoid Arthritis), more especially its relation to rheumatism, nervous disease and tuberculosis, to be opened by Dr. James Stewart, Montreal.

3. Cholelithiasis; its causation, symptomatology, diagnosis and treatment, to be opened by Dr. William Hunter, London, and Dr. Graham, Toronto.

The following papers have been promised:

Armstrong, William, M.R.C.S. The exciting cause of Rheumatoid Arthritis.

Bowles, Dr. R. L., London. Further experiences of dangers connected with Respiration and their avoidance, with special reference to Anæsthesia, hæmoptysis, drowning, apoplexy, and all paralyzed and unconscious conditions.

Fussell, Dr. M. H., Philadelphia. Two cases of Hæmophilia.

Graham, Dr. J. E., Toronto. A case of crossed Hemiplegia the result of injury to the pons varolii.

Hamilton, Surgeon-Major-General, P.M.O. Plymouth. The Enteric Fever of Armies, contrasting the disease in tropical, subtropical and temperate climates.

Osler, Dr. Wm. Exophthalmic Goitre (*a*) development of maniacal symptoms in, (*b*) scleroderma with, (*c*) myxœdema following.

Pepper, Dr. Wm., and Stengel, Dr. Alfred, Philadelphia. A contribution to the clinical study of Venesection.

Starr, Dr. M. Allen, New York. A contribution to the subject of Brain Tumors and their surgical treatment.

Stockton, Dr. Chas. G., Buffalo. A type of diarrhoea associated with Gastric Anacidity.

Tyson, Dr. James, Philadelphia. Note on the proper use of terms to denote Myocardial changes.

Whittaker, Dr. James T., Cincinnati. Generalisations from seven years' use of tuberculin.

B. SURGERY.

Large Lecture Room, McGill Medical College.

President, Christopher Heath, F.R.C.S., London.

A discussion will take place upon the surgical treatment of appendicitis, which will be opened by Dr. G. E. Armstrong, Montreal. Dr. J. Ward Cousins, Professor C. B. Ball, Dublin; Mr. Jordan Lloyd, Birmingham, will take part in the discussion.

A discussion will also take place upon the treatment of cancer of the rectum by Kraske's operation, to be opened by Dr. James Bell.

The following gentlemen have given notice of their intention to read papers in this section :

Ball, Professor C. B., Dublin. On Trans-sacral Resection of the Rectum.

Cousins, J. Ward, M.D., F.R.C.S., Southsea. Operative treatment of Organic Stricture of the Urethra.

Ferguson, Dr. W. W., Kingston, N.B. Vericosity of the Lingual and Buccal veins.

Garrow, Dr. A. E., Montreal. Ventral and Umbilical Hernia in the same patient.

Lloyd, Jordan, F.R.C.S. Stone in the Ureter and its treatment.

Marcy, H. O., M.D., Boston. On the Suturing of wounds.

McGraw, Theo., M.D., Detroit. Invagination of the Cæcum and Vermiform appendix.

Newman, David, M.D., Glasgow. (1) Cases illustrating some

interesting points in the pathology and surgical treatment of Renal and Vesical Hæmaturia. (2) Transitory Hydronephrosis and Albuminuria in cases of Movable Kidney treated by operation.

Ross, James F. W., M.D., Toronto. Some rare conditions of the kidney.

Roth, Bernard, F.R.C.S., London. Analysis of one thousand consecutive cases of Lateral Curvature of the spine treated by posture and exercise exclusively (without mechanical supports).

Shepherd, F. J., M.D., Montreal. A case of Abdominal Tumor, in which nearly eight feet of the small intestine were resected.

Smith, Dr. A. Laphorn, Montreal. Seven cases of Appendicitis with pus tubes.

Spanton, W. D., F.R.C.S., Hanley. Two cases of Meningocele successfully operated on.

Thomson, Alexis, M.D., F.R.C.S., Edinburg. Stricture of intestine as sequel of strangulated hernia.

C. PUBLIC MEDICINE.

Large Lecture Room of the Redpath Museum.

President, E. P. Lachapelle, M.D., Montreal.

The business of the section will be carried out as follows :

The President will give an address on Sanitation in Canada ; its progress up-to-date.

Lachapelle, Dr. E. P. (President of the Board of Health of the Province of Quebec, Montreal). Sanitation in Canada : its progress up to date.

Newsholme, A., M.D., M.O.H., Brighton. A plea for the International Study of Diphtheria, illustrated by facts and figures.

Kaye, J. R., M.O.H. to the Council of the West Riding of the County of Yorkshire. The relationship of the Health Officer to the registration and certification of deaths.

Dr. F. Montizambert, Superintendent of the Canadian Quarantine Service, Grosse Ile, Quebec, and Dr. W. Wyman, Superintendent of the Quarantine and Marine Hospital Service, Washington, will open a discussion on the utility of quarantines as now conducted (inspection, disinfection and isolation stations) in certain countries at least.

Dr. P. H. Bryce, Secretary of the Provincial Board of Health, Ontario, Dr. H. Handford, M.O.H. to the County of Nottingham, and Dr. C. B. Probst, Secretary, State Board of Health, Ohio, will open a discussion on how far should mandatory measures go in dealing with (a) measles, (b) whooping cough, (c) tuberculosis, (d) leprosy.

Johnston, Wyatt, M.D., bacteriologist, Board of Health, of the Province of Quebec. Experiments with disinfectant gases.

Janin, G., C.E., Montreal. On the different processes recommended for the treatment of sewage; mechanical, chemical and epuration by the arable soil.

Motter, Dr. D. Murray Galt, Washington. Underground zoology and legal medicine: a study of fifty disinterments, with additional experimental observations.

Kinyoun, Dr. Jos. J., United States Marine Hospital Service, Washington. Methods of disinfection.

Neech, Dr. James T., M.O.H. for Atherton. The period of infection of scarlet fever.

Copeman, Dr. Monckton, Medical Inspector to the Local Government Board of England. Some alleged dangers of vaccination and their prevention.

Dr. R. F. Ruttan, chemist to the Board of Health of the Province of Quebec, will open a discussion on the respective value of the chemical and bacteriological methods of water analysis.

D. OBSTETRICS AND GYNÆCOLOGY.

Large Lecture Room, McDonald Physics Building.

President, William Japp Sinclair, M.D., Manchester.

The following discussions will, it is proposed, be held in this section on the days indicated:

September 1st, the causation and treatment of Hyperemesis Gravidarum.

September 2nd, the Vaginal *vs.* the Abdominal Route in dealing with inflammatory conditions and tumors in the pelvis. To be opened by Mr. Lawson Tait.

September 3rd, the palliative and radical treatment of Uterine Flexions and Displacements. To be opened by Dr. Barton Cooke Hirst, Philadelphia.

The following papers are promised:

Alloway, T. G., M.D., Montreal. Title not announced.

Anderson, Professor Winslow, M.D., San Francisco. Uterine Fibroids, their etiology, pathology, symptoms, diagnosis and treatment.

Barnes, Robert, M.D., London. Notes and a drawing to illustrate "Barne's Boundary Line" in placenta prævia.

Campbell, John, M.D., F.R.C.S., England, (Belfast.) Labor complicated by abnormalities of the Cervix Uteri and Vagina.

Eden, T. W., M.D., London. Title not announced.

Garrigues, H. J., M.D., New York. The treatment of abortion.

Hart, D. Berry, M.D., Edinburgh. The pathology and treatment of chronic non-suppurative conditions of the uterus and appendages.

Lucas, T. P., M.R.C.S., Brisbane, Australia. Menstruation, its purpose and design.

Macdonald, A. A., M.D., Toronto. Title not announced.

Maclean, Ewen, J., M.D., London. The after-history of some Gynæcological operations.

Madden, T. Moore, M.D., F.R.C.S.I., Dublin. 1. On some points in modern treatment of tedious labor with description of a new traction forces. 2. On the conservative treatment of Fallopian tube disease.

Munde, Paul F., M.D., New York. Pelvic abscess.

Parsons, J Inglis, M.D., London. A new method of treatment for Prolapse of the uterus.

Robson, A. W. Mayo, F.R.C.S., Leeds, to be read by Dr. Collier, Ripon. Porro's operation for Tumor of the Pelvis complicating pregnancy.

Smith, Dr., Montreal. Diagnosis and treatment of Retroversion of the Uterus, with fixation.

Temple, G. Algernon, M.D., Toronto. Title not announced.

It is expected that Dr. Howard Kelly, of Baltimore, will give a demonstration on genital endoscopy.

E. PHARMACOLOGY AND THERAPEUTICS.

Lecture Hall of the Wesleyan College.

President, D. J. Leech, M.D., Manchester.

Discussions on the treatment of Insomnia, the treatment of syphilis and diuretics will be held on September 1st, 2nd and 3rd respectively.

1. The treatment of Insomnia will be opened by Dr. C. K. Clarke, physician to the Rockwood Hospital, Kingston, on general treatment; by Dr. R. W. Wilcox, Professor of medicine and therapeutics in the New York Post-Graduate school on the value of individual drugs, with special reference to the newer hypnotics; by Dr. A. McPhedran, on the ill effects and contraindications to the use of drugs; and by Dr. R. Ferguson, lecturer on therapeutics in the Western University, on the mode of action of hypnotics.

2. The treatment of syphilis will be opened by Dr. Whitla, Belfast. The introducer will deal with questions under the following heads: (a) How mercury and iodides are supposed to act in syphilis; (b) when should mercurial treatment be started, especially should it be

given in the primary stage; (c) the various methods for its routine administration, dosage, etc., and the length of time necessary for mercurial treatment; (d) the treatment of tertiary and congenital syphilis.

(Hypodermic and intravenous medication will be dealt with by a dermatologist.)

The question of diuretics will be opened from the clinical side by Dr. Barr, Liverpool, and from the experimental by Mr. Marshall, Cambridge.

Those who have promised papers are :

Hare, W. A. The importance of studying the absorption and elimination of drugs.

Blackader, A. D. On *apocynum cannabinum*.

Cushing, A. R. A contribution to the pharmacology of the mammalian heart.

Leech, D. J. On quillaia bark.

Phillips, C. D. F., and Pembrey, M. S. On the physiological and therapeutical actions of *hydrastis Canadensis*.

Halliday, A., Nova Scotia. The effect of certain drugs on Gastric Secretion.

Fotheringham, J. T., Toronto. On the prescribing of proprietary instead of pharmacopœial preparations.

Hutchison, R. On the pharmacology of the thyroid gland.

Marshall, C. R. On the treatment of heart failure of arteriosclerosis.

Marshall, C. R., and Taylor, J. J. On the absorption of mercury.

Chisholm, M., Halifax. The opposite effects of drugs in large and small doses.

Bazin, M. On diphtheria antitoxin.

Marshall, C. R. Further experiments on Indian hemp.

F. PATHOLOGY AND BACTERIOLOGY.

Lecture Room II., McGill Medical College.

President, Watson Cheyne, F.R.C.S., F.R.S., London.

The following will be the subjects for discussion :

1. Serum diagnosis and the agglutinating action of serums, to be introduced by Professor Wyatt Johnston, Montreal.

2. Immunisation.

3. The bubonic plague.

The following papers are promised :

Adami, J. G., M.D., and Staples, E., M.D., Montreal. On the appendices epiploicæ.

Barker, Lewellys F., M.D., Baltimore. On the changes in the nerve cells in epidemic cerebro-spinal meningitis, with special reference to lesions in the lower motor neurons.

Boyce, R. The occurrence of the B. tuberculosis in milk.

Caren, Professor J., M.D., Toronto. Title of paper not received.

Connell, W., Kingston, Ont. Title of paper not received.

Copeman, S. Monckton, M.D., London. On vaccinia.

Flexner, Simon, M.D., Johns Hopkins University. Pseudo-tuberculosis hominis streptothricia:

Goldman, Professor, Freiburg. On early infection of blood vessels in carcinoma and sarcoma (lantern slides.)

Grunbaum, A. S., M.D. The smegma bacillus.

Herter, C. A., M.D., New York. Experimental observations on the relation between bacterial activity in the intestine and the indican in the urine.

Hodenpyl, Eugene, M.D., New York. On the occurrence of typhoid fever without lesions of the small intestine.

Manson, Patrick, M.D. On filaria sanguinis hominis, with the demonstration of a new species from Central and South America.

Stiles, H. J. On the evolution of cancer bodies (lantern slides.)

Thomson, Alexis H. Epithelioma of penis.

Van Gieson, Ira, M.D., New York. On hæmato-myelopore and its relations to syringomyelia.

Washbourn, J. W., M.D. Demonstration of specimens of an infective neoplasm from the dog.

Welsh, Professor, Baltimore. The distribution and pathogenic effects of the B. aerogenes capsulatus.

Wright, Hamilton K., M.D., Montreal. On the topography of the posterior columns.

G. PSYCHOLOGY.

Morris Hall, Presbyterian College.

President, R. M. Bucke, M.D., London, Ont.

Among those who have offered to contribute papers are:

Bucke, R. M., M.D., London, Ontario, Asylum. On mental evolution.

Clark, W., M.D., Toronto Asylum. The reflexes in psychiatry.

Hobbs, —, M.D., London, Ontario, Asylum. Surgical gynæcology in insanity.

Russell, J., M.D., Hamilton, Ontario, Asylum. Insanity in its relation to the State.

Villeneuve, George, M.D., Longue Pointe. Crime and insanity.

H. OPHTHALMOLOGY.

Lecture Room I, McDonald Engineering Building.

President, Edward Nettleship, F.R.C.S., London.

It is intended that a discussion should take place on the prevention of accidents to the eyes of persons engaged in industrial employments. The following gentlemen have expressed their intention of contributing papers to the section :

Bickerton, T. H., Liverpool. (1) The question of color vision in the public services ; (2) on Mules's operation.

Buller, Dr. F., Montreal. Abnormalities in the functions of the extrinsic ocular muscles.

Foucher, Dr. A. A., Montreal. Auto-infection in pustulous keratitis.

Fulton, Dr. John F., St. Paul, Minn., U.S.A. Amblyopia of strabismus.

Jehin-Prume, Dr. Jules, Montreal. A contribution to the treatment of the syphilitic affections of the eye.

Lee, Charles G., Liverpool. On an unusual case of orbital tumor.

Wurdemann, Dr. H. V., Milwaukee, Wis., U.S.A. Relation to skiascopy to other objective and subjective methods for the estimation of the ocular refraction (with exhibition of hand skiascope.)

Specimens.—Specimens will be shown by Mr. Treacher Collins, Mr. Priestly Smith and Dr. C. H. Usher.

I. LARYNGOLOGY AND OTOTOLOGY.

Lecture Room II, McDonald Engineering Building.

President, Greville Macdonald, M.D., London.

The following papers are announced in this section :

Bryan, J. H., Washington. A contribution to the anatomy of the fronto-ethmoidal and frontal maxillary regions.

Delavan, Dr. D. B., New York. Surgical treatment of malignant disease of the larynx.

Farlow, Dr. Jno. W., Boston, Mass., U.S. Presentation of instruments, with remarks.

Hobbs, Arthur G., M.D., Atlanta, Ga. When not to inflate the middle ear.

Horne, Jobson, M.D., and Yearsley, Macleod, F.R.C.S. (1) On eucaine as a local anæsthetic in the surgery of the throat, nose and ear. (2) On tubinectomy.

Ingals, E. Fletcher, M.D., Chicago. On the relation of nasal diseases to pulmonary tuberculosis.

Jones, T. W. Carmallt, F.R.C.S.Ed. Some after effects of turbinotomy.

Knight, Chas. H., M.D., New York. Upon a Foreign body (metallic button hook) removed from the larynx by laryngo-fissure.

Mackenzie, Dr. John N., Baltimore, Ind., U.S. The physiological and pathological relations between the nose and the sexual apparatus.

O'Dwyer, J., M.D., New York. Acute syphilitic stenosis of the larynx in the adult treated by intubation.

Roe, John O., MD., Rochester, New York. The correction of nasal deformities by subcutaneous operations.

Spicer, Scanes, M.D., London. (1) On reduction of the inferior turbinate bone in certain cases of nasal obstruction. (2) On the significance and treatment of recurrent retention of secretion in the lacunæ of the tonsils. (3) A case of multiple papillomata of larynx in a man aged 73.

Wurdemann, Dr. H. V., Milwaukee, Wis., U.S.A. Phosphoric necrosis of temporal bone.

J. ANATOMY AND PHYSIOLOGY.

Lecture Room I, McGill Medical College.

President, Augustus D. Waller, M.D., F.R.S., London.

The following have been selected as subjects for the discussions :

September 1st, anæsthetics, to be introduced by the President of the section, Dr. A. Waller.

September 2nd, the best methods of teaching anatomy, to be introduced by Professor Alex. Macalister, Cambridge, and Dr. F. J. Shepherd, Montreal.

September 3rd, the causation of the heart beat and its modifications, introduced by Dr. Gaskell, F.R.S., Cambridge, and Professor T. Wesley Mills, Montreal.

The following papers have been promised :

Huber, G. Carl, M.D., Assistant Professor of histology and embryology, University of Michigan, Ann Arbor. A brief account of some observations on the sympathetic ganglia of vertebrates.

Kemp, G. T., M.D., PhD., Baltimore. Nitrous Oxide anæsthesia.

Knight, A. P., M.A., M.D., Professor of Physiology, Queen's University, Kingston, Ont. Action of certain chemical salts on the heart beat of fish embryos.

Lombard, Warren, P., M.D., Professor of Physiology, University of

Michigan, Ann Arbor. Anatomy of the knee-joint of the frog, with special reference to the action of flexor and extensor muscles.

Macalister, Professor Alex., Cambridge. The influence of head shape on cranio-cerebral topography.

Macallum, A. B., M.B., PhD., Professor of Physiology, Toronto University. Some observations on the micro-chemistry of cells and tissues.

Meltzer, S. J. M.D., New York City. On the effect of anæsthesia upon the reflexes of deglutition and of the closure of the glottis.

Mills, T. Wesley, M.D., L.R.C.P., Professor of Physiology McGill University. Title of paper not yet received.

Paton, Dr. Noel, Edinburgh. The phosphorus compounds and the exchange of phosphorus in the salmon.

Pembrey, Dr. M. S. Title not received.

Stewart, Dr. G. N. The relation of electrolytes to the other constituents of animal cells and liquids, with especial reference to the blood corpuscles and blood plasma.

Thompson, Professor W. H., Belfast. Degenerations resulting from lesions of the sensory area of the cortex cerebri.

Dr. Gustav Mann will send for exhibition specimens illustrating the minute histology of the liver in active and resting conditions. Dr. D. A. Welsh, Edinburgh, will exhibit specimens illustrating the histology of the parathyroid glands. Dr. Geo. Oliver will exhibit his new hæmogiobinometer and hæmocytometer.

K. DERMATOLOGY.

Lecture Room III, McDonald Engineering Building.

President, Malcolm Morris, F.R.C.S.Ed., London.

A subject selected for discussion in this section is the clinical and pathological characteristics of vesicular skin diseases, especially the dermatitis herpetiformis group.

It is intended that a joint meeting should be held with the section of pharmacology and therapeutics for the discussion of the subject of the treatment of syphilis.

The following papers are announced :

Fox, T. Colcott. Demonstration of the biology of the trichophyte.

Galloway, James, London. On melanotic conditions of the skin preceding malignant disease of the skin.

PROGRAMME OF PROCEEDINGS.

TUESDAY, AUGUST 31ST, 1897.

- 11 a.m.—Cathedral service.
- 2.30 p.m.—Opening ceremonies. Welcome by His Excellency the Governor-General, Lord Aberdeen, the Mayor of Montreal and others. Address by the President-elect, Dr. T. G. Roddick.
- 4 p.m.—Garden party at the Royal Victoria Hospital, Mr. W. B. Angus, President of Royal Victoria Hospital, etc.
- 9 p.m.—*Conversazione* at Laval University. Address by Professor Richet, delegate from the French Government, etc.

WEDNESDAY, SEPTEMBER 1ST, 1897.

- 10 a.m.—McGill University : Opening of sections.
- 2.30 p.m.—Windsor Hall : Address in medicine by Dr. W. Osler.
- 4 p.m.—Excursion down the St. Lawrence : Garden parties, etc.
- 9 p.m.—Reception by the Hon. Sir Donald A. Smith, High Commissioner of Canada.

THURSDAY, SEPTEMBER 2ND, 1897.

- 9.30 a.m.—McGill University : Sectional meetings.
- 2.30 p.m.—Windsor Hall : Address in surgery by Mr. W. Mitchell Banks.
- 4 p.m.—Excursion across the Island, International golf match, etc.
- 7.45 p.m.—Annual dinner of the Association.

FRIDAY, SEPTEMBER 3RD, 1897.

- 9.30 a.m.—McGill University : Sectional meetings.
- 1 p.m.—Lunch on the mountain, given by the Mayor.
- 2.30 p.m.—Windsor Hall : Address in public medicine by Dr. Herman Biggs ; concluding speeches, etc.
- 4 p.m.—Excursion down the Lachine Rapids : Garden parties, etc.
- 9 p.m.—*Conversazione* at McGill University.

SATURDAY, SEPTEMBER 4TH, 1897.

Excursions to Lake Memphremagog, Saranac, Ottawa, Quebec, etc.

Ontario Medical Council.

THE annual meeting of the Medical Council was held in Toronto from July 7th, 8th, 9th, and 10th.

There was a full attendance.

Dr. Rogers, in his presidential address, referred to the petition recently signed by so many of the profession, showed how unanimous the profession was to uphold the Council and the dignity of the profession. Owing to the presence in the legislature of an element antagonistic to the profession which might be minimized before long, it was decided to lay the matter referred to in the petition over till another year. They were assured privately, however, that there would be no tampering with the Medical Act, and no interference by the Government with the matriculation of students by the Council. He suggested the appointment of a Legislative Committee to draw up all necessary propositions required to be presented as soon as a new Legislature was elected. He recommended that hereafter when students failed in their subjects in the Primary they be not allowed to go up for their final examinations.

ELECTIONS.

Dr. Jas. Thorburn was nominated President by Dr. Bray.

Dr. Sangster objected to the appointment of a President in caucus before the meeting as no one else would care to allow himself to be presented for the office after that. In his opinion the nominee of a defunct institution having no right for representation in the Council would be placed in the President's chair.

Dr. Rogers said the casting of a ballot by the nominator saved the taking of an individual ballot.

Dr. McLaughlin claimed that under the by-laws the election of President last year was illegal. Bourinot had sustained his contention.

The President said he would receive any nomination from Drs. Sangster or McLaughlin.

Dr. Sangster thought this was not courteous to them to suggest a mode of election which the President knew would place a member in the position of certain defeat.

The decision of the President to allow Dr. Bray to cast a ballot was upheld by a vote of eighteen to twelve.

Dr. Henry, of Orangeville, was elected Vice-president.

Dr. R. A. Pyne was re-elected Registrar.

Dr. Wilberforce Aikins was elected Treasurer.

Mr. H. Downey was appointed Stenographer.

The various committees were then appointed.

Dr. Geikie moved that a verbatim report of the proceedings was unnecessary, suggesting that a synopsis of the proceedings by the Registrar was all that was necessary. He was sure that most of the remarks were not worth reporting. Only four members supported Dr. Geikie's motion.

Dr. Sangster moved that the Printing Committee advertise for tenders for the stenographic work at future meetings, stating that last year's report was "incomprehensible and incoherent." The report has been tampered with, words changed and whole phrases added. He was sure he had been misrepresented. The President had told him that Dr. Orr had made the corrections. If any newspaper used in one issue the grammar used in the report the public would cry out "Shame."

The motion carried.

In Committee of the Whole, the report of the Committee on Finance was discussed. The first clause recommended the abolition of the fall examination. This was struck out. Clause number two, recommending Toronto as the only place of examination, was also struck out. A clause recommending extension of the hours of examination from five to six was carried. Reduction in examiners' fees was recommended and agreed to. Recommendation to reduce the time of the orals from fifteen to ten minutes was not settled upon. Dr. Pyne's salary, after some discussion, was allowed to remain at \$1,800 per year. That of the Treasurer was reduced to \$400.

The report of the Board of Examiners recommended that candidates taking the primary and intermediate, or primary and final, at the same time shall be obliged to pass in anatomy and physiology of the primary, and to be allowed any subject in the intermediate and final. It was decided to refer this to the Education Committee for consideration.

Dr. Britton presented the report on "Legislation." After some wrangling, Dr. McLaughlin charged Dr. Britton with having caused the trouble by having brought in a report on behalf of the Committee on Legislation, which he had not submitted to any member of the Committee. The report was referred back.

A clause in the report of the Executive Committee referred to the petition prepared by the Council for presentation to the Ontario Legislature for certain amendments to the Act was adopted, as was also a clause censuring Dr. Sangster for opposing the views of that committee as laid before the Government last session.

The Discipline Committee recommended the erasure of Dr. C. J. Parsons' name from the register on account of unprofessional conduct. Carried.

The committee reported against the application of Dr. J. Zelinski, an eclectic, for registration. Carried.

Discussing the report of the Committee on Finance, Dr. Sangster moved for a sessional allowance of fifty dollars instead of the daily allowance of \$12.50.

Dr. Armour moved that the registrar's salary be \$1,500 instead of \$1,800. These proposed changes were not agreed to, and the report carried as presented.

Dr. Armour moved for the suspension of the penal clause.

Dr. Britton said that the agitation made by the defence men over this matter would arouse a spirit in the educational institutions which would burst like a bombshell over the defence men.

A motion to adjourn cut short this discussion.

On motion of Dr. Machell, the scheme for founding the Victorian Order of Nurses was opposed.

The following examiners were appointed: Drs. Grasett, Mundell, Howitt, A. S. Fraser, A. B. Welford, H. Williams, G. Acheson, H. Small, C. Emory, C. O'Reilly, J. Third, W. Caven and C. J. Adams.

BRITISH MEDICAL ASSOCIATION—MONTREAL MEETING.—May I ask you through the columns of your journal to draw the attention of the profession in Canada to the fact that all those who intend attending the meeting of the British Medical Association here on the 31st of August next, must be members of the Association. And, moreover, it is compulsory in all meetings, excursions, entertainments of any kind, that members must show their ticket of membership to entitle them to any of the foregoing privileges. The half year of subscription to membership began on July 1st, from which date also the second volume of the Journal for the current year is issued. It is particularly advisable that all those who intend to join, should do so now, and not wait till the time of the meeting when, in all probability, their election to membership would be delayed and place an extra amount of work upon the officials who, at that time, will probably have more than they can comfortably accomplish.

Yours faithfully,

J. ANDERSON SPRINGLE,

Hon. Secy. Montreal Branch.

Editorials.

Chloroform Narcosis.

THERE are probably few questions of greater interest to the general practitioner than that of chloroform narcosis, its dangers, and how best to avoid these and treat them when they occur.

Many papers and investigations have been dealing with this matter, but one of them most recently strikes us as one of the ablest that has yet appeared.

We refer to the very able paper of Dr. L. Hill, which appeared in the *British Medical Journal* some time ago. He differs very widely on many vital points from those who have preceded him.

There is a primary failure of the circulation, and a secondary failure of the respiratory centre. The latter fails because it is damaged by the drug and because of the spinal anæmia due to fall in the arterial pressure. The depth of anæsthesia depends, as does the paralysis of the respiratory centre, on the primary fall of the arterial tension.

Chloroform rapidly abolishes the vascular mechanisms which compensate for the hydrostatic effect of gravity. These mechanisms are abolished by paralyzing the splanchnic vasomotor tone, and by weakening the action of the respiratory pump. When these mechanisms are abolished, the circulation is impossible if the patient be in the feet-down position.

Chloroform also produces paralytic dilatation of the heart. It acts like amyl-nitrite. There are two forms of chloroform syncope:

(a) During primary anæsthesia the patient struggles, holds his breath, raises intrathoracic pressure, congests the venous system, and finally takes deep inspirations, and surcharges the lungs with chloroform. In the first stage the heart is impoverished; in the second, it is suddenly filled with blood. This is drawn from the lungs, full of chloroform, and the heart is thrown into paralytic dilatation.

(b) During prolonged anæsthesia, this syncope arises from giving chloroform to too great an extent. The arterial pressure falls lower and lower, and secondarily, the respiration ceases because of the anæmia of the spinal bulb. The heart is not in this case paralyzed by the chloroform. The timely employment of artificial respiration and the resumption of the horizontal position will always resuscitate a patient in the second form of chloroform syncope.

Artificial respiration with the patient in the horizontal posture is the

treatment indicated in the first form of syncope. The heart should be regularly compressed by squeezing the chest. If this does not quickly renew the pulse, the patient should be put into the vertical feet-down posture. The dilated right heart is readily emptied of blood. Artificial respiration is maintained during this manœuvre, and the patient again brought back to the horizontal posture. By compressing the chest regularly, an efficient circulation can be maintained through the coronary arteries. This process can be repeated. In this first form of syncope, placing the patient in the feet-up posture and compressing the abdomen will increase the paralytic dilatation of the heart. In this form of syncope both these forms of treatment are worse than useless.

According to Ringer's experiments, ether is fifty times less dangerous than chloroform. The inhaler should always be removed during the struggling of the patient, or if the respiration becomes irregular. It is the paralysis of the circulatory mechanism, and not the respiratory, that must be dreaded by every anæsthetist.

The great point in Dr. Hill's paper is the feet-down position of the patient in that type of syncope where the patient struggles, holds his breath, becomes venous, and then takes a deep respiration, suddenly filling the heart and coronary arteries with blood charged with chloroform.

In this form of syncope, the proper treatment, after trying artificial respiration and rhythmic chest compression, is to place the patient in a feet-down posture. This lowers the abdominal viscera and diaphragm, and empties the right heart. This, with artificial respiration, restores fresh blood to the heart and coronary arteries. This will, no doubt, be found to be correct practice.

Ontario Medical Council.

THE Ontario Medical Council has once more closed its annual deliberations, under the presidency of Dr. Thorburn, who makes a very dignified, good natured, and impartial presiding officer.

Outside of the ordinary routine work of the Council, we do not think there has been very much important legislation enacted, and it is not too much to say that were there no other motives actuating every member than good legislation, the work could be done in two-fifths of the time. There were several of the usual bear-garden scenes, which of late have characterized these meetings, and which are to be deplored by all who have at heart the good name and welfare of the

Council and medical profession, and which indeed would bring reproach upon the most primitive township council meeting on a back concession.

That there are two parties in the Council cannot be denied. Even this would do no harm, provided both were divested of every desire but the enactment of good legislation in the interests of the public and profession, but we have little sympathy for any party bringing up the same subject year after year, taking up valuable time and money of the Council merely for the sake of placing its opponents on record, where they are already recorded more than once. But we do sympathize with the person or party who will protest against the chairman of any committee bringing in a report without consultation with other members of the committee, or against one committee censuring in its report any member of another committee.

The election of officers henceforth will be by open vote. This we believe to be retrograde, as the will of the Council can be obtained through the ballot, untrammelled by friendship, caucus, or wirepulling, much better than by open vote.

The building account is somewhat improved this year. The revenue is increased by \$1,400, and the interest on mortgage is reduced from 5% to 3½%, being a saving of \$900.

An important change has taken place in the curriculum. The fifth year of clinical study still remains, while the winter sessions have been extended to eight months. Bacteriology and the use of anæsthetics have been added to the course of study, and the prescribed text-books have been materially changed.

The defence element introduced some measures with a view towards retrenchment, but none were received with favor. One was the proposal to hold only one examination in the year, omitting those held in the fall. We regret this did not carry, as these supplementaries are conducted at great loss to the Council, and we fail to see they are particularly essential.

The Council as at present constituted is acknowledged by many to be much larger than necessity requires, and no doubt it is a problem for the future, how to reduce its dimensions and secure greater efficiency.

It is believed, with some degree of reason, that there are at least two or more who sit at the Council that should retire, because the institutions which they are supposed to represent have become defunct. It is to be hoped that before another session some one will take the trouble to look into this matter.

* * * * *

The only economy of which the Council can be accused is the reduction of the Treasurer's salary to four hundred dollars, thus effecting a saving of one hundred dollars per annum.

The estimated cost of the session was \$2,500, which would mean one dollar for each physician practising in this Province.

The Yukon Fever Versus The Medical Fever.

It may be asked by many a young man just now, whether he should go to the Yukon or to a Medical College? So far as the REVIEW is concerned it would not seriously advise either course to glory, a fortune, or the grave. If, however, some youths, ambitious for fortune or fame are determined to go to one or the other of the above places, then really the balance of argument lies in favor of the Yukon. By going to the latter place one will make something soon or lose everything in the attempt. Of two forms of death, it would appear that being frozen is full as easy as the gradual one of starving to death by the slow academical method of attending a medical college. What though fifty per cent. should meet with death by freezing or speedy starvation in the search for gold in the Klondyke, would not the results in the end be better than that ninety per cent. should meet with disappointment in the search for gold after spending many years in the study of medicine? If either form of fever is to attack young men, we think the prognosis is decidedly in favor of the Yukon type, as compared with the medical school type. The latter is a very lingering disease.

THE private wards of the Toronto General Hospital are being largely patronized by physicians in this city not on the staff of this institution. We understand that any physician in good standing has the privilege of sending patients to private wards and attending them. Trained nurses are in constant attendance without additional charge.

THE department of surgery in the *Canadian Practitioner* is now in the charge of Drs. Sweetman and Bruce, who have recently been appointed Professors of Surgery, Toronto University. Both these gentlemen were on the resident staff of the Toronto General Hospital the year following graduation. We congratulate our esteemed contemporary upon this accession of strength.

RÖENTGEN RAYS.—Dr. Francis H. Williams, in a paper on "Röntgen Rays in Thoracic Diseases," read at the Association of American Physicians reported having examined about 400 cases of lung trouble, and principally cases of pneumonia and tuberculosis. Certain lesions of the lungs and heart could be readily detected.

BRITISH MEDICAL ASSOCIATION, MONTREAL MEETING, AUGUST 31ST.—How members may reach Montreal, or take advantage of trips to any part of Canada, before or after the meeting, rates, etc. The names of all members of the Toronto Branch have been forwarded to Dr. G. E. Armstrong, 320 Mountain St., Montreal, who will send certificate to any member writing for it entitling him and any of his family to buy a ticket at any ticket office (railway or steamboat) in Canada, to any part of Canada for half of one single fare. He can purchase them at any time, to any point, and as often as he likes. These rates are good from now till September 30th. If any one wishes to go to the Northwest before the meeting, he can purchase a ticket at point of departure, at same time asking the local ticket agent to give a certificate saying he had purchased a ticket; if this certificate and the number of the certificate given by Dr. Armstrong is sent to Mr. N. F. Egg, 126 James St., Montreal, he will quote a price and also send free passes over branch lines, in Manitoba, Northwest Territories and British Columbia, and over the C.P.R. steamboats. The price of such ticket is about \$70.45. Or on receipt of number of certificate given by Dr. Armstrong, Mr. Egg will quote price, send tickets and free passes altogether on receipt of money order for the amount. It would be well for any of the profession throughout the western part of the Province especially, who are not already members but who wish to take advantage of all that the meeting affords to make application for membership at their earliest convenience. It ought to be understood that only invited guests and members are admitted to the discussions and privileges. Other information may be obtained by writing Dr. H. T. Machell, 95 Bellevue Ave., the acting Secretary of the Toronto Branch.

ANTITOXIN IN TRAUMATIC TETANUS.—Dr. J. A. Patterson, of Salem, N. J., in the *University Medical Magazine* for July, records an interesting case of tetanus in a boy six and a half years of age, who had is foot pierced by a hayfork. The doctor saw the patient six days after the accident. The patient had then suffered from stiffness for thirty-six hours, his voice was husky, the eyelids drooped, and there was slight

risus sardonicus. The patient was given an injection 8cc antitoxin of the 1-1,000,000; and one hundredth of physostigmine every three hours, and the wound painted with iodine. On the following day there was less stiffness, the temperature was 102.5, and the other symptoms much the same. A second injection of 8cc antitoxin was administered. From this time the patient rapidly improved, and in one week from the second injection seemed quite well.

THE YELLOW FEVER BACILLUS.—Prof. G. Sanarelli, of Montevideo, in *British Medical Journal*, July 3rd, gives an account of his researches in the germ of yellow fever. After much investigation he has discovered the bacillus of this disease. It is a small bacillus with rounded extremities, and usually united in pairs in the culture, and in small groupes in the tissues. Cultures of the bacillus are pathogenic to the majority of the domestic animals. White mice, guinea pigs, rabbits, etc., die of septicæmia with fatty degeneration of the liver. The dog yields the best results. In this animal the conditions after death are almost identical with those of the human subject. This germ, which the author calls the bacillus icteroides, can be isolated from the living subject and the cadaver. The disease in the human subject has a somewhat latent period of seven or eight days, when there are very few organisms in the body. Then they multiply with great rapidity, and infest the different organs of the body. At this stage there is a great liability to mixed septic infections, and hence the protean nature of the disease.

ASOPSIS IN ACUTELY SEPTIC WOUNDS.—Dr. A. Ernest Maylard, of Victoria Infirmary, Glasgow, in *British Medical Journal*, June 12th, claims that the application of pure carbolic is of the utmost value in wounds that become acutely septic. In some of the cases the wound had the appearance of acute traumatic gangrene; and the choice lay between some application that would control the sepsis or amputation. Some ounces of pure carbolic acid was brushed over the raw surfaces. The improvement set in immediately after the application. One case was that of a tuberculous hip joint with acute abscess. Amputation had to be performed. The wound became septic and sloughing. The carbolic acid was applied pure, and freely to the opened wound. The day following there was marked improvement, both locally and generally. The girl, aged 15 years, made a good recovery. In less than a week the wound was covered with healthy granulations. The pure acid has been applied to malignant sloughs, and septic abscesses. The application is not painful, and devoid of danger.

ARTERIO-SCLEROSIS AND NERVOUS DISEASES.—Dr. Frank Parsons Norbury, of Jacksonville, Ill., in *Medicine* for July, calls attention to the following important symptoms as frequently resulting from arterio-sclerosis. Vertigo is very common. It is usually worst in the morning, and may go off soon on moving about. At times it is almost continuous. Headache, too, is frequent. It may be of a very severe type. It is usually periodic, and comes on during the day when the person is performing his usual mental or physical duties. These headaches are much like those of syphilis, only that they do not tend so much to come on at night. Monoflegia, heniatagia, ataxic aphasia, or heneiflegia may come on from arterio-sclerosis. These conditions may be due to embolism but are generally due to thrombosis. They occur repeatedly, and at last become permanent. Epilepsy and chorea is sometimes caused by this condition of the arteries. Those cases of distinct epileptic seizure coming on where arterio-sclerosis exists must be considered as due to this cause. Senile chorea is especially due to this condition. Psychic phenomena as somnolence and profound amnesia result from arterio-sclerosis. The drowsiness is often extremely well marked. Memory for recent events is often greatly disturbed. The patient reading loses his locality and wanders away from home. Insanity is caused by arterio-sclerosis. This is the chronic cerebral atrophy met with in old age, and known as senile dementia. But this form of dementia may come on at any age that change in the arteries takes place. This hardening of the arteries comes on anywhere after forty, and so may this cerebral atrophy and the resultant dementia.

TO SUBSCRIBERS.—By consulting the label of your Journal you will see the date up to which your subscription has been paid. If in arrears kindly forward amount at earliest convenience.

We beg to acknowledge subscriptions from the following gentlemen :

Dr. Rooney, Shelburne ; Dr. Webb, Waterloo ; Dr. Henderson, Ottawa ; Dr. Britton, Toronto ; Dr. Cotton, Toronto ; Dr. Campbell, Brooklyn ; Dr. Weeks, London ; Dr. Butler, London ; Dr. Lett, Guelph ; Dr. Sutherland, Ottawa ; Dr. Macdonald, Hamilton ; Dr. McFayden, Caledon ; Dr. Mann, Renfrew ; Dr. Armour, St. Catharines ; Dr. Gow, Cardinal ; Dr. Vrooman, Little Britain ; Dr. Moore, Brampton ; Dr. Bell, Windsor ; Dr. Clarke, St. Catharines ; Dr. Parke, Woodstock ; Dr. McIntosh, Vankleek Hill ; Dr. Jones, Mount Forest ; Dr. Warren, Whitby ; Dr. Barrick, Toronto ; Dr. Sloan,

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Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Medical Schools.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—In your last issue you had an editorial on the University Medical Faculty. In dealing with this question your modesty did not permit you to call attention to the fact that so many of the members of the staff are related to the members of the Senate, the body making these appointments. It can be safely said to be a pasture-field of nepotism. I would ask any physician to take the latest issue of the *Announcement* and run over the names and jot down the relationship to some well known member of the Senate. The first thought with him will be, no doubt, amusement, then that of the old saying, "Scratch my back, and I'll scratch your back," and then finally, disgust at the whole system.

If I might be permitted to offer a suggestion, it would be that you touch up the whole school question, and then the demoralizing effect on the profession, of this wholesale sending out of announcements and search for students. Can nothing be done to make the schools adhere to the rules that govern the physician in the conduct of his practice. Let the other counties be heard from.

Yours truly,

July 12th, 1897.

BRANT.

Selections.

AN OINTMENT FOR HÆMORRHOIDS.—In the *Journal de médecine de Paris* for June 27th we find the following formula, attributed to Kossoberdckji :

R. Chrysarobin.....	11	grains ;
Iodoform.....	4½	"
Extract of belladonna.....	9	"
Vaseline.....	210	"

M. To be applied two or three times a day.—*N. Y. Medical Journal*.

HEADACHE DEPENDENT UPON OVARIAN DISEASE.—A prescription of Dr. Sinkler's is

R. Ammon. bromid., ʒvj.
Ext. hydrastis fl., ʒss.
Tr. gentian. co., ʒiss.
Aquæ, ʒiv.

M. Sig. : Dessertspoonful three times a day.—*Medical News*.

SCIATICA.—Dr. W. Richardson speaks highly of the following pill in sciatica :—

R. Opium,
Ipecac, āā gr. ¾.
Salicylate of soda, gr. vss.
Fl. ext. cascara sagrada, q. s.
M. Sufficient for one pill.

Sig. : Make twenty such. One to three a day.—*Indian Lancet*.

SCARLATINA WITH ERUPTION LIMITED TO THE FACE.—Lemoine reported to the *Société Médicale des Hopitaux* twenty-three cases in which the eruption was exclusively limited to the face. He referred to cases of a similar nature recognized by Braun as an epidemic in adults in Fürth 1840. That the cases were scarlet fever was established by the fact that typical cases occurred subsequent to these irregular cases. The patients presented themselves to the hospital suffering from an angina, with fever and redness of the face. The fever fell, but the redness continued, and was shortly followed by a more or less abundant desquamation. A few of the cases afterward developed albuminuria, anasarca, and symptoms of uræmia. He considered that the cases formed a transition stage between the anginoid scarlatina and scarlatina with general eruption.—*International Medical Magazine*.

TYMPANITES.—

R Ol. terebinthinæ	℥ i.
Ol. amygdalæ dulc.	℥ ss.
Tr. opii	℥ ij.
Mucil. acaciæ	℥ v.
Aq. laurocerasi	℥ ss.

S. A teaspoonful every six hours.

—*Medical Press and Circular.*

A PILL FOR PALPITATION OF THE HEART.—Huchard (*Archives de médecine et de pharmacie militaires*, says that, of the various diseases that are accompanied by palpitation, incipient acute aortitis, acute endocarditis, acute pericarditis, adhesions of the pericardium, and mitral stenosis or insufficiency are benefited by digitalis or its substitutes. He gives the following formula :

R Quinine hydrobromide	1 drachm ;
Powdered digitalis,	} each..... ½ "
Extract of convallaria,	

M. Divide into forty pills. From two to four to be taken daily.—*N. Y. Medical Journal.*

ONE OF THE EVILS OF INCOMPLETE COITUS.—Under the name of a cardiac neurosis of sexual origin, Kisch, of Prague (cited in the *Presse médicale* for July 10th), describes a set of symptoms that he has observed in certain nervous young women whose husbands made it a practice to withdraw just before the instant of ejaculation, leaving them overexcited and unsatisfied. The physiological tachycardia of coitus, he says, becomes particularly intense in such women and assumes the form of very distressing palpitation, which at first persists for some time after each incomplete copulation, and after a while occurs during the day, repeatedly and without appreciable cause. For a time this palpitation is the only manifestation of the neurosis but soon the clinical picture is completed by a feeling of anguish, headache, vertigo, syncope, and general weakness. The women are depressed and irritable ; they weep on the slightest occasion and take a gloomy view of life. The appetite is impaired, digestion becomes difficult, and they are constipated. The pulse is small, soft, and accelerated, often intermittent and arrhythmical. The arteries, however, are supple, and auscultation of the heart discloses nothing abnormal. All these symptoms will disappear as by enchantment when the practice on which they depend is given up.—*N. Y. Med. Journal.*

THE TREATMENT OF PARASITIC BALDNESS.—Sabouraud (*Concours médical*, June 19, 1897), recommends two ointments. The first, which is cheap, is made according to the following formula :

R	Turpeth mineral	45 grains.
	Essence of lemon.....	20 drops.
	Vaseline.....	900 grains.

M.

The second ointment is very expensive, but, says the author, it is cheaper to regain one's hair with this pharmaceutical treasure than to buy a wig.

The formula is as follows :

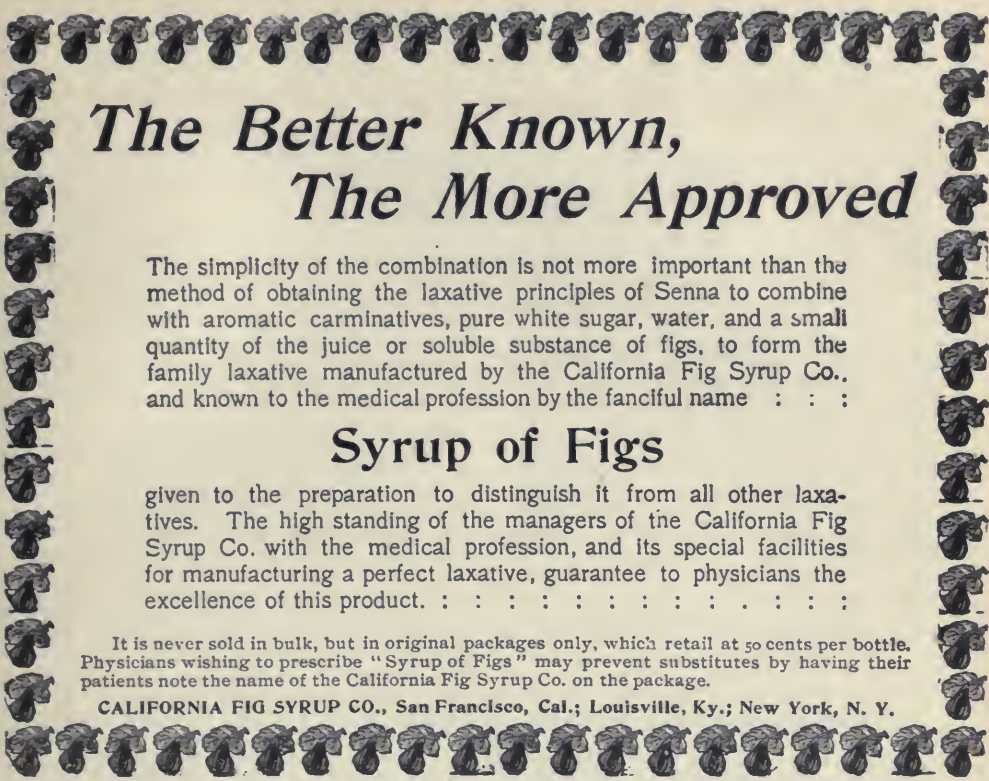
R	Pilocarpine, } each.....	4 parts :
	Quinine, }	
	Precipitated sulphur.....	10 "
	Balsam of Peru.....	20 "
	Beef marrow.....	100 "

M.

CASTRATION FOR RAPE IN KANSAS.—A bill has been introduced into the Kansas Legislature, referred to the Committee on Public Health and Hygiene, and by them reported back with the recommendation that it pass. It provides that every person who shall be convicted of rape, and every person who shall be convicted of incest, and every minister, clergyman, priest, or teacher, having charge of any church or other religious body or school, who shall have illicit connection with any unmarried virgin female under twenty-one years of age of his charge or school; and every guardian of any female ward under the age of eighteen (18) years who shall defile her, shall be punished by imprisonment at hard labor for a period not less than five or more than twenty years, and in addition to such punishment he shall be castrated. In all cases where the defendant shall be convicted of any of the offences specified in the foregoing section, the court shall, when pronouncing judgment upon the defendant, order that the prisoner shall, after the expiration of one year from the date of his arrival at the penal institution in which he is to be confined, and within eighteen months from the date of the sentence, be castrated by the medical officer of such penal institution; which order shall be a part of the final judgment in such case, and a certified transcript of which order and judgment shall be delivered with the prisoner to the principal officer of the penal institution in which the prisoner is to be confined. In any case where the order for such operation has been carried into

effect under the provision of this Act, and after two months from the time of such operation, the Governor may, if satisfied that the prisoner will lead a peaceful and orderly life, issue to such prisoner a parole or conditional pardon, to be valid only during the good behavior of such person. If the bill should become a law it will be interesting. It will be noticed that the bill practically places seduction and incest in the same category as rape. It is to be presumed that in Kansas there will be no difficulty in defining the use of the word "defile" as applied to guardians and wards.—*Medicine.*

TOO MUCH MAJOR OPERATING IN GYNECOLOGY.—An editorial in the *Boston Medical and Surgical Journal* of April 1, 1897, closes with these words: "We believe that the diagnostic skill of the average practitioner in this department of medicine is constantly improving; but to be convinced that there is room for still further improvement the doubter has only to follow for a short time one of the out-patient clinics of a metropolitan hospital and hear there from the patients some of the diagnoses made and treatment advised by a large number of practitioners, all of whom probably are not always incorrectly reported. We are credibly informed that, even now in this enlightened age, a considerable number of patients presenting themselves at our hospital clinics for treatment for injuries of the pelvic organs due to child-bearing tell the old story that their doctors did not examine them after the puerperium. In other words, their medical attendants are pursuing the old policy of trusting to luck, perhaps fearing censure for injuries discovered, but more likely too busy to do their work thoroughly. Early recognition of bad tears of the cervix and of the pelvic floor, inflammatory affections of the endometrium and tubes and ovaries, dislocations of the uterus and ovaries that do not right themselves in a reasonable time, if discovered and treated promptly not only do away with the need of many operations but will prevent a large number of patients from becoming debilitated and neurasthenic—conditions of body and mind from which operations alone, be they ever so successful, will not lift them. We should welcome a return of gynecology to its older and more natural channels. The profession at large, dazzled for the time by the brilliant feats of abdominal surgery, should not forget that gynecology is something besides abdominal surgery; and the general practitioner should be ready to follow the specialist, prepared to investigate and treat the diseases of the female pelvic organs according to well-founded principles of the art."—*Medicine.*



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Miscellaneous.

ASEPTIC OATH TAKING.—A sanitary Bible for the use of court-rooms has just been put on the market. It is bound with white celluloid instead of leather, and it can therefore be washed and disinfected from time to time.

A CASTRATION Bill has been introduced into the Michigan Legislature providing for the castration of all inmates of the Michigan Home for the Feeble Minded and Epileptic before their discharge; also for that of all persons convicted of a felony for the third time, and of those convicted of rape.

MEDICAL FEES IN VIENNA.—The following is published as the fees charged by Vienna physicians: A day visit, 3 gulden (about \$1.20); an evening visit, 4 gulden (\$1.60); a night visit (without carriage), 6 gulden (\$2.40); a consultation, 10 gulden (\$4); one hour, 5 gulden (\$2); a visit at a time fixed by the patient, 5 gulden (\$2); for each additional patient seen in a house, 1 gulden (40 cents).—*Medical Record*.

NO HOPE.—In other words, the future has nothing bright in store for the young physician. He may live on corn meal for the first ten or fifteen years of his practice, trying to be happy and content in the thought that "there is plenty of room at the top," but the chances are that the great rush at the bottom will extinguish his feeble life long before he has placed his foot on the second round of the ladder.—*Practical Medicine*.

WE cannot refrain from the narration of the story told of General Sherman, who more than once was the honored guest at the annual banquets of the Faculty of the New York Post-Graduate Medical School, and who, aside from all his greatness, was the embodiment of simplicity and common sense in both his public speaking and his private conversations. He had been under the care of a physician for some time, when one day the General said, "Doctor, I don't seem to be getting any better, for all your medicine." "Well, General," replied the doctor, jocosely, "perhaps you had better take Shakespeare's advice, and 'throw physic to the dogs.'" "I would, doctor," replied the sick man, as he turned his head on the pillow, "I would, but there are a number of valuable dogs in this neighborhood."—*Post-Graduate*.

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SANMETTO A STANDARD MEDICINE.—I have had occasion to use a considerable quantity of Sanmetto in bladder and urethral troubles, and have so far invariably found it equal to the occasion. It is assuredly as much a specific for the various ailments of the bladder and its appendages as quinine is for ague. This is saying a great deal, but it is true. Sanmetto is certainly a standard medicine, and deserves every confidence of the physician. I shall continue to use it in my practice with perfect confidence in its great merit.

Lochland, Ky.

JAS. T. ATCHISON, M.D.

SANDOW'S EXAMPLE.—The example of Sandow is not altogether a desirable one for our boys. To be well developed and to become a strong man is certainly a worthy ambition for any boy, but when carried to the extreme of producing such bulky muscles as Sandow exhibits, the example may be most pernicious. Dr. Lydston says that Sandow is confronted by two dangers. First, death at an early period after complete suspension of his athletic strain; and, second, death at middle age, or soon thereafter, from a continuance of his work. So soon as he rests from his muscular exertions he will not be able to bring about a corresponding involution of his heart and lungs. Disuse means decay, and these undeveloped organs will be very likely to undergo a rapid degeneration. Sandow is a wonderful man, but his example is pernicious. His system of muscle-building is dangerous.—*Good Health Magazine*.

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THE CANADIAN MEDICAL REVIEW.

IT QUIETS PAIN AND PROMOTES IT.—Rather a paradoxical statement. True, nevertheless. When pain is useless, then antikamnia quiets it; when it is necessary, the same remedy increases it. This refers to the use of antikamnia in the pains of labor and as a promoter of labor pains. H. C. Reemsnyder, A.M., M.D., of Philadelphia, in a recent article says that whenever there is unnecessary pain in labor he administers ten grains of antikamnia, repeated in two hours if necessary. In this way the pain which annoys the woman without helping her is relieved, while the uterine contractions become more firm and labor is accelerated. Dr. R. B. McCall, Hamersville, Ohio, contributes an article to the *Woman's Medical Journal* on this same subject. He says: "In cases marked by unusual suffering in second stage, pains of nagging sort, frequent or separated by prolonged intervals, accompanied by nervous rigors and mental forbodings, one or two doses, five grains each, of antikamnia tablets, promptly change all this. Indeed, in any case of labor small doses are helpful, confirming efforts of nature and shortening duration of process."

THE COLLEGE NUISANCE.—If "censure is the tax a man pays the public for being eminent," the abuses of a great city place an enormous tariff upon its educational institutions. Including men, women, and children, Chicago has more than two thousand physicians, mostly professors! Some of its so-called medical colleges are about as noisy and disreputable as were the foreign booths in the Midway Plaisance. And as the overmultiplication of weak and feeble churches puts a premium on mediocre preaching, and damages the moral standing and welfare of communities, so the wicked propensity to start a college and to be at the head, or the tail, of a new and needless school has seriously compromised the whole business of getting a medical education. Certain sleepy old towns that might be named have no such trouble, and we are glad of it; but here in the stir and whirl of the biggest city in America the abuse has grown to such an alarming extent that the various medical societies are finally coming to the rescue of decency, and the proprieties.—*The Clinique*.

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Vol. VI.

SEPTEMBER, 1897.

No. 3.

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—Canadian Medical Review.

The BERLINER KLINISCHE WOCHENSCHRIFT, 22nd March, 1897, publishes a Report upon some experiments that have been made under the direction of PROFESSOR GERHARDT, in his Clinic at the Charité Hospital at BERLIN, demonstrating the value of APENTA WATER in the treatment of obesity and its influence on change of tissue.

SOLE EXPORTERS

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PHTHISIS AND ITS TREATMENT.

PHTHISIS is pre-eminently a wasting disease, and by exalting failing nutrition, cod liver oil being little more than a given food, a great advance was made in therapeutics. It has been found, however, that the oil does not in many cases meet the indications; for not only is nourishment needed, but the digestive power is so reduced that but little use is made of the food taken. Hence a demand both for nutritious material and also for something which will aid food suitable for assimilation. The clinical starting-point in the history of the greater number of cases of phthisis is malnutrition, and when that is guarded against much is accomplished.

After a full trial of the different oils and extracts of malt preparations in both hospital and private practice, I find Maltine most applicable to the largest number of patients, and superior to any remedy of its class. Theoretically we would expect this preparation, which has become PRACTICALLY OFFICIAL, to be of great value in chronic conditions of waste and malnutrition, especially as exemplified in phthisis. Being rich in *diastase*, *albuminoids* and *phosphates* according to careful analysis, it aids in digesting farinaceous food, while in itself it is a brain, nerve and muscle producer.

In practice this hypothesis is sustained. A female patient in St. Luke's Hospital, aged 35, with phthisis, signs of deposit in left upper lobe, losing flesh for six months, poor appetite and night sweats, was put upon Maltine. Within a few weeks her weight was increased to 121 pounds, she ate well, no night sweats, and the evidences of local disease were much less marked.

Another case of phthisis: A gentleman from Alabama, with all the physical signs of phthisis, rapidly losing health and strength. His was the remarkable gain of 10 lbs. *from six weeks' use of Maltine.*

Seven pounds' increase in as many weeks is the record of a third patient, a lady of 41 years, who had no other medication than the Maltine. In these and other cases the increase in strength and mental vigor was in proportion to the gain in weight.

These instances are sufficient for illustration, and are *duplicated many times in the experience of physicians everywhere.* There is a universal reluctance always to testify to results from medicinal preparations, but when, as in this case, the composition is fully known, and the profession invited to investigate the manner of preparing it, there is no reason why the remedy should not receive general approbation, provided it be worthy.—*Quarterly Epitome of Practical Medicine and Surgery.*

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Vol. VI.

TORONTO, SEPTEMBER, 1897.

No. 3

Original Communications.

Two Unnamed Diseases.*

By JAMES SAMSON, M.D., Windsor.

THE most startling feature of this brief and unscientific paper is the glaring title with which it announces itself.

The first half of it is simply a recital of a very extraordinary experience in which no one but myself had an opportunity of taking much part, and which I take the liberty of presenting with the hope that it may have been duplicated in the practice of some one else who can help clear up what has been for years to me a mystery.

The second half of the paper is solely the taking advantage of an opportunity to put myself on record with a few observations regarding a matter of much importance to the profession and to the race.

In 1887, in an especially healthy district of one of the Western Ontario counties, I received my first knowledge regarding a disease to me entirely new, and on which I have thus far received no light

* Read before the Ontario Medical Association.

either from subsequent experience or from contact with my fellow practitioners. During this and the following year I saw perhaps twenty-five cases, all identical in every respect, all following the same course, and all fortunately ending in recovery. In both years the disease began its career in August, and in the second year it revisited two of the homes it had invaded the year before.

With only the very slightest premonitory symptoms, the patient was seized with intense sickness, nausea, vomiting, aching of the entire body amounting to an actual agony, and almost crimson redness of the face; often with coldness of the hands, and a temperature never in a single instance above normal; the pulse always feeble, ranging from 130 to 150.

These were the symptoms at the outset, of which the one most manifest was the intense misery of the victim, tossing restlessly about in bed, groaning, and complaining constantly of a pain located nowhere in particular, and in some instances begging pitifully for relief. The vomiting was not very violent or constant, but the nausea was persistent, with a continual sinking sensation in the stomach. The tongue became rapidly coated with a soft whitish fur, slightly brown or yellow in the middle, and the breath had a peculiar sweetish, not offensive, odor, but differing from any other that I can recall. The bowels were simply obstinately inactive, fæces pasty, sometimes dark, and always somewhat offensive. Sitting up in bed or taking a morsel of food was sufficient to rekindle the nausea. There was no possibility of sleeping at first, and no tendency to sleep for days. There were no chills and no fever from the first to the last of any case. All these conditions, varying in degree, continued from four to ten or twelve days, ending in a very slow recovery with a marked tendency to relapse from either exertion or eating. In two or three instances there was a slight vomiting of blood, but never any hæmorrhage from the bowels, and never a condition of tympanites. The ages of the patients varied from six to sixty years, and there was no apparent distinction of sex.

The treatment adopted was, I am certain, entirely accidental, though I had some reason before the close of my experience to feel that I had selected it more wisely than I knew. The relief of the patient's misery was compulsory, and in each severe case I resorted to very moderate doses of morphine, which in a number of instances did not require to be even repeated. A full dose of calomel and a saline, followed by sodium salicylate in three to five-grain doses every few hours for four or five days or a week, and then a tonic, with strict injunctions against overexercise or overfeeding, constituted all

there was of the treatment pursued. One of my patients, a Mrs. G——, a young vigorous woman in whom the nausea was most intense, with two or three slight hæmorrhages from the stomach, made so good a recovery that she had been dismissed with the usual warning. A fortnight later she visited some friends twenty miles away, ate a hearty dinner, and again became ill. She was seen by one of the most able physicians in the county, who diagnosed ulcer of the stomach, which, whether true or not, resulted in her very rapid death in a condition of coma. I was certain then, and am still, that hers was one of the cases I have been describing, and that the very strangeness of it was what had deceived one of the most careful and conscientious men in the profession.

It was during the second year that an entire family, with the exception of one, was attacked—all within a few days. During the third or fourth day of her illness the eldest daughter, a healthy girl of about seventeen years, passed into a raving delirium, and very rapidly died in a profound coma. Two days later a younger brother passed through the same conditions and met the same fate. The day following it fell to my lot to take charge of the mother and the remaining children. Owing to the savage relations that still exist in the profession, and will perhaps forever, I had to see them alone, and so could learn but little of the clinical history of those that were dead; but the living were each an exact counterpart of what I had already seen in other homes, and I was permitted the enjoyment of seeing them all recover. I have no way of knowing that my treatment had much to do with the happy results, nor that I could have aided by the suggestion of the same means in saving those that were lost.

All the cases of which I have spoken, except three, occurred within a radius of two miles, and it will be observed how very closely my description conforms to that given of the "milk-sickness" of the Middle and Southwestern States of fifty years ago, and of which so very little is now, and apparently was even then, known, when it was such a source of terror to the early settlers of those districts. The season of the year, the lassitude, nausea, inactivity of the bowels, absence of fever, flabby, furred tongue, abhorrence of food, and the profound coma, all make the two conditions almost absolutely identical. In one single case I found a profuse vomiting of that deep indigo water described by Beach in his article on the milk-sickness, read before the American Medical Association in 1883.

It is a matter for real scientific regret that so little that is authentic has been written regarding the clinical history of this strange disease, which still presents itself occasionally in some scattered districts

through the Southwestern States. But what is known seems to positively establish the fact that the disease comes to the human race through the medium of the cow and all her products, and that its original source is somewhere in the herbage or atmosphere of the wooded lands of wild or uncultivated districts. But in my own experience I took every precaution to satisfy myself that the two diseases were entirely distinct. One of the most severe of my cases was that of a man about thirty-five, living quite alone, and who used neither milk, butter or beef in any form, and drank only from his own well, the best in a circuit of several miles. His father, a half-mile away, and in whose home the disease broke out, insisted that the poison was in the well, and for months had gone to the softwater cistern for a drink; but he too, an old man of sixty-five, passed through an attack of the peculiar illness.

I should add in passing that six years later, in the same district, a father and one of his sons were attacked so strangely and died so suddenly that a coroner's inquest was demanded. The very skilful physician, who knew most of these cases, writes me that the symptoms were apparently those that I had experienced years before, that four members of the family were attacked, two of the four recovering, and that the mystery of their illness is still unsolved.

And so I leave it. What it was and whence it came, and whether by a bacterium or by a spore or parasite of any kind, and how it entered the system, I leave unanswered, along with the simple statement that to me the disease itself is still unnamed.

No one subject has received such consideration from the profession during the few years just past as that of the relation existing between appendicitis and peritonitis. The thousands and tens of thousands of the laity who have been taught the nonsense that the appendix itself is the bungling, wide-open remnant of some other stage in our development, and are living a life of constant terror regarding grape-stones and apple-pips, show how universal the interest in this question has become. Having in my earlier years seen so much of peritonitis treated and cured without the assistance of the surgeon, and in my later years so often listened to the statement that peritonitis was appendicitis and operative treatment the only proper remedy, I ventured two years since to address the little local society of which I happened to be president in part as follows:

When Dr. Roswell Park, a few nights ago, had concluded the reading of his remarkable paper on peritonitis to a large gathering of physicians and surgeons at the Wayne County Medical Society, and

was receiving the hearty eulogies of his *confrères*, it was then that a distinguished surgeon made the congratulatory declaration that "surgery had made such rapid strides in the field of investigation that we now knew that the man who had made a diagnosis of idiopathic peritonitis had made an idiotic diagnosis."

So crisp an aphorism (if true) deserves an eternal abiding place in the annals of surgery, and if not true should be banished as speedily as possible from the literature of human misery. So strong a reflection on the wisdom and records of our professional ancestors deserves, at least, to not go unchallenged, and I humbly submit that the proofs of these very wide premises are yet a long way from complete. That in the olden days, and in the days not yet very old, the causation of many of the forms of peritonitis was terribly misunderstood must, of course, be conceded, but I have proofs enough to convince me that the modern pathologist who believes he has already put his finger on all the causes of this deadly disease may some of these days still find a surprise in store for him.

In the strictest application of the term there may really be no idiopathic peritonitis, and, in a very strict use of the term, perhaps no idiopathic anything; but that there are causes of peritonic inflammation not yet named by Dr. Park, or any of his coadjutors (in so far as I know) I believe I am absolutely confident of.

The youth who lies down warm on the ice or damp ground, and has a peritonitis the day following, is said to have rheumatism of the peritoneum, though one of the most distinguished authors of our time declares he has never seen such a case and gives not a hint that anti-rheumatic treatment would save the boy. Dr. Park doubts, too, if this variety of the disease does exist, or the malarial type as purely malarial, and asks us to believe that aside from scurvy and Bright's disease, and purely consecutive of perforative or traumatic, all other cases of peritonitis found are always the result of an infection, and that infection by way of the appendix. This, of course, without regard to malignant or tubercular or latent peritonitis, none of which can have any special part in the discussion of this question.

With all the distinguished essayist's conclusions thus far I have no desire to strongly differ, except to suggest that we must accept the so-called rheumatic type under some better appellation, or dissent from any plan of accounting for it by the term "infection." The streptococcus and staphylococcus cannot have any causative part in such a case as this, and it is overmuch to ask without absolute proof that we accept colon infection as the responsible source. But, admitting that all ordinary cases of peritonitis are infectious and none

of them idiopathic, Dr. Park asks us to accept with him the theory, when he has excluded the streptococcus and staphylococcus forms, that all others, or nearly all others, proceed from the appendix and are pure cases of bacillus coli infection. That a fæcal mass in passing may irritate the tender lymphoid margin of any appendix, thus closing or partially closing it by tumefaction, and that in the secretions thus retained or partially retained an intense, poisonous, bacillary commotion and multiplication at once commences, rapidly producing inflammation, strangulation, necrosis, perforation, and infection and inflammation of perhaps the entire peritoneum, and that the potent and deadly agent in it all is the benign bacillus coli communis, whose true function in the economy is connected with the assimilation of the food we eat—this is the theory of Dr. Park and those who believe with him that the problem has been solved. The records of recent surgery, the annals of the dead-house, and the experience of every careful practitioner, all do seem to point strongly to the appendix as the pathway by which the infection approaches the sensitive peritoneum ; but a theory like this makes life a frightfully perilous journey to anticipate, if we are all going about with every element of so deadly a disease at so near the exploding point. But if all this be true—and after all it may be—what shall we say of the manner of selecting its victims ? Those in the very vigor of life, with all its functions at their best, are well-nigh always chosen, and the constipation and indigestion and indiscretions and decay of later years bring apparent immunity. And finally, if such a theory as this be the true one, what shall the answer be to a statement of the facts which follow ?

In the winter of 1886, near the village of Morpeth, a strong, robust man named Wilson was suddenly stricken with a violent attack of peritonitis and was dead on the third day. His was the first case of an outbreak that continued for a couple of months, including about thirty cases, all within a radius of four or five miles, in one of the healthiest non-malarial districts in America. Shortly after Wilson's death his comrade, who had been with him for some time in the same employment, was attacked and was dead almost as suddenly as his friend. The mortality of this deadly visitation was very great, reaching so far as I know perhaps forty-five per-cent., and including eleven men from seventeen to thirty-five years of age. The records of this epidemic are too incomplete, because of the death of the physician in whose hands nearly all of these cases occurred, and because of the lesser interest that prevailed in reference to peritonitis and appendicitis even eight years ago. In only one case, that of the man Wilson, was a post-mortem made, and the inflamed appendix

with some foreign body in it seemed, perhaps, sufficient to account for the disease that caused his death. But the long line of deadly cases that followed in such quick succession soon dissipated this mistaken theory. I had the opportunity of seeing one of the last of these cases, and found it one of the most violent attacks of general peritonitis, coming on suddenly in perfect health, with much pain and tenderness of the entire abdomen, rapidly assuming a most intense tympanitic form and not reaching convalescence for about fourteen days. There was in this case, as in others, considerable epistaxis. Dr. John Stalker, one of the most careful observers I know, writes me that he saw a number of these patients and failed to satisfy himself that the inroad of the virus had been by way of the appendix, and that the suddenness of the transition from perfect health to extreme danger seemed too rapid to admit of the theory, of which he is a strong disciple.

In all of the fatal cases, so far as I can now learn, the course of the disease was very rapid, sometimes not continuing past the second day. As to the question of its epidemic character I may only add that the number of cases occurring in this small district within sixty days was very much greater than all that have happened in the eight years since, and that the condition of the entire community was for a time one of extreme panic.

A year later a similar outbreak occurred in the county of Essex, forty miles away, and which seems to have been absolutely identical with that already described. Dr. Dewar, who saw much of this attack and was so impressed with its unusual importance as to report it in the *Canada Lancet*, writes me that he attended eight cases within one month, all in a small area of country; that in every case there was nose-bleed, that the onset in all was sudden and severe, that the fatal cases lasted not more than four days, and that fifty per cent. of his patients died.

I regret that I can tell you so little of the pathology of such a profoundly interesting series of cases, but a consideration of the few facts we are in possession of is quite sufficient to satisfy me of some outside source of infection, and quite enough to make a doubt as to whether some wandering germ may not be the origin of many an isolated peritonitis, and whether the gentle colon bacillus may not after all be the harmless agent of real utility it was intended to be, this crime of manslaughter being often laid to its charge because of its presence on the devastated premises.

These are the utterances I ventured to make on this subject three years ago. Since then I have seen the question asked, Why the

enormous disparity between the number of cases of appendicitis in New Orleans and other large cities? It would seem a poor answer to make to the physician who asked it to say that he and his *confrères* had failed to recognize so deadly a disease, and it would hardly be a better reply to my recital of these epidemics to say that they must all have been typhoid fever, because there was nose-bleed. The absence of every other typhoid symptom, the absence of anything like a normal case of that disease, the plunge from normal health to raging fever, the violence of the pain and the suddenness of its onset, ought to be proof enough that no such mistake had been made. And so I confess I find cause enough to wonder whether the physiologist who remarked years ago the close resemblance between the glandular structure of the tonsil and the appendix was not after all groping after a real fact of importance. Neither the tonsil or the spleen is absolutely essential to our existence, and both are about as little uniform in construction as is the appendix; one and perhaps both are apparently the landing-places of deadly infections. The thyroid gland and suprarenal capsule both have essentially vital functions, and an atom of one will control the life and figure and mind of its possessor. Evidences enough are at hand of the activity of the secreting functions of the appendix, and why, after all the oft told tales of its utter uselessness, may it not have a duty in the economy and be the welcome home of some unknown germ of destruction? And why, let me say in conclusion, may not this physiological dream be one way to account for this other, to me unnamed, disease.

EGG ALBUMEN AS A MEDICINE.—When the patient is hardly able to pay a doctor's bill, to say nothing of a drug bill, a cheap and handy substitute for fancy invalid foods is desirable. When fever is present and appetite is *nil*, and when we want an aseptic article of diet, Dr. Boynton says, the white of an egg raw serves both as food and medicine. The way to give it is to drain off the albumin from an opening about half an inch in diameter at the small end of the egg, the yolk remaining inside the shell; add a little salt to this and direct the patient to swallow it. Repeat every hour or two. In typhoid fever this mode of feeding materially helps us in carrying out an antiseptic and aseptic plan of treatment. Furthermore, the albumin to a certain extent may antidote the toxins of the disease. Patients may at first rebel at the idea of eating a "raw" egg, but the quickness with which it goes down without the yolk proves it to be less disagreeable than they supposed.—*Pacific Medical Journal*.

Selected Article.

The Treatment of Cutaneous Malignant Epitheliomata (Cancer.)

By A. R. ROBINSON, M.D.,

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In previous articles I have endeavored to show why, in the majority of cases cancer of the skin should be treated by caustics instead of by excision. The students who have attended the Polyclinic during the last few years and followed the treatment of the many cases operated upon, will, I am certain, support the claim I make at my clinics that certain caustics, when properly applied, are usually much more reliable than the knife for the complete removal of the disease, at the same time the resulting scar or deformity is less. In this paper I will briefly discuss the principles which should guide the physician in the treatment of a case of cancer, in the selection of the caustic, the manner of its application, both as regards the strength of the application and the extent of area to which it should be applied and the duration of application in order that the disease be removed with the greatest certainty and with the least amount of destruction of normal tissue.

Cancers of the skin are usually described as occurring in three clinical forms, the superficial discoid, the papillary and the deep or infiltrating. The division has some advantages from a clinical standpoint, although it is not an absolutely correct one, as the majority of cancers commence in the rete and later may become superficial or deep-seated when first seen by the physician. In the superficial discoid form of epithelioma the growth is usually very slow as compared with the deep nodular forms, and the area of tissue invaded by the pathological epithelia, outside of the apparent extent of the tumor as seen by the naked eye, is less. The clinical forms rather depend upon the seat of growth, the rapidity of the epithelial proliferation, the direction of its extension, and the resisting power of the surrounding tissues, as well as the inflammatory or other changes occurring in the tissues of the affected part.

Under the term cancer of the skin are probably included several distinct forms of malignant epitheliomata, having in common an invasion of foreign territory by pathological epithelia, the production

of which is accompanied by the formation of a poison either from organisms or from cell metabolism, but differing in that the cause of the epithelial proliferation is different in different cases.

An epithelioma can commence as a scaly, eczematous-like lesion, or as a vesicle, papule, wart, tubercle or nodule. It is highly important to make an early and correct diagnosis of the form, location, area of existence, and direction of extension of the growth, as the earlier the disease is properly treated the greater are the chances of cure.

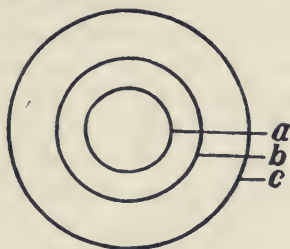
A study of the manner of growth of a cancer shows that it spreads not by centric growth, giving a sharp margin easily recognized, as in the case of the simple tumors, lipoma, adenoma, etc., but by growth at the periphery and by invasion of the surrounding tissue by way of the lymph channels to an extent not recognizable by touch or the unaided eye. So insinuatingly do the epithelia sometimes travel in the lymph spaces that even a microscopical examination of the tissue beyond the area of excision, in a mammary cancer, for instance, may fail to detect them, yet the subsequent history of the case, a so-called recurrence of the disease, proves they were present. A knowledge of the form, location, direction and rapidity of the growth of the cancer is of value in forming an opinion as to the probable extent of the invasion and should be carefully noted in every case in order that the disease be thoroughly removed, and yet no unnecessary mutilation of normal tissue be produced. As will be shown directly, however, it is necessary that the removal be rapid and complete in the deeper seated growths particularly, as inefficient treatment is not only not beneficial, but very harmful, as it hastens the growth of the tumor and favors secondary lymphatic gland infection, when the disease can easily be regarded as incurable.

Cancer is at first a purely local disease and not a manifestation of a constitutional condition, therefore a complete removal of the primary growth before it has invaded other parts of the body is equivalent to a cure of the disease. In some parts of the body as the scrotum, front of the neck, etc., parts from which it is possible remove a large amount of tissue without injury to the patient, the knife is the agent to be employed. With these rare exceptions the treatment by suitable caustics should always be employed in preference to excision on account of the greater certainty of success and the slighter deformity remaining after the removal of the disease. The use of toxins from erysipelas organisms either pure or mixed with others, has given very unsatisfactory results, and should not be relied upon in any case. The use of any substance making a profound impression upon the general nutritive condition of the patient has an inhibitory action upon the growth of a

cancer, and for a time there may be diminution in the size of the growth, but in time the epithelia or the organisms causing their growth accommodate themselves to the existing conditions and active growth commences again. As proof of this statement, cancers have been known to disappear after an attack of typhoid fever, and I have seen epitheliomata disappear without surgical aid.

The use of electricity except as a caustic should not be relied upon. When the tumor is situated on the roof of the mouth or close to the inner or outer canthus of the eye and is small, the cautery can be employed to advantage.

Scraping and curetting is often employed, but, used alone, I am firmly convinced that it is an injurious method, as one cannot remove all the pathological tissue in this way. As the operator cannot remove all of the pathological epithelia at a single operation and in the intervals of treatment the part is in a condition of reaction after injury, there is more blood brought to the part, and consequently the cancer



epithelia will grow with greater rapidity than if the part had not been operated upon; furthermore, as the lymph channels are also enlarged there is danger of early extension to distant parts. Curetting and then cauterizing the base with a suitable caustic can be used to advantage in some cases of epitheliomata, especially the superficial pearly form, in which case the scraping should be merely preparatory to the application of a proper caustic.

No caustic should be used that does not rapidly and effectually destroy either directly or indirectly the epitheliomatous tissue. The caustic agents which have been particularly employed in this disease are nitrate of silver, nitric, sulphuric and hydrochloric acids, acid nitrate of mercury, carbolic and acetic acids, chloride of zinc, caustic potash and arsenious acid. Some of these, as nitrate of silver, carbolic acid, etc., act very slowly and to a slight degree, whilst others, as caustic potash, act quickly and cause rapid necrosis. The objections to some and the advantages of others of these caustics is illustrated by the use of the accompanying diagram.

Suppose we have to deal with an epithelioma, occupying macroscopically as large an area as that enclosed within the circle *a*. Outside this area and extending to *b*, we will assume there are pathological epithelia, and circulatory disturbance, whilst outside *b* and extending to *c*, one or more cancer epithelia are present without circulatory disturbance. We will suppose that outside of *c* the tissue is normal. If such a tumor were operated upon with a knife, it would be necessary to remove all the tissue within *c*, or the disease would return, and in many parts of the face, for instance, that would mean much mutilation. If one of the weak caustics be employed, only a portion of the tumor can be destroyed at the time of treatment. This leaves the remainder but slightly injured, and is soon in a condition of reaction after the injury, with the consequences already described from such reactive process. The use of mild caustics, therefore, leaves the patient in a worse condition than if the disease had not been interfered with. I have seen many cases of cancer of the lip and other parts much injured by this meddlesome and useless method of treatment. What holds true of nitrate of silver, holds true of all other mild caustics, they do not destroy with sufficient rapidity and consequently indirectly favor the process of proliferation and invasion.

Caustic potash quickly liquefies tissue, and with this agent one can, at a single sitting, destroy a large amount of tissue and produce the following changes in the surrounding part. Suppose the cancer occupied the area already described in connection with Fig. 1. With caustic potash all of the area within the circle *a* can be destroyed in a few minutes, and should be, but not beyond that line. The action of the caustic extends further than the part completely necrosed, and its use is followed by marked inflammatory changes in the surrounding part, and the intense inflammatory process may lead to destruction of all the tissue lying within *b*. The tissue within *c* will also be much inflamed, and should be sufficiently intense as to destroy any cancer epithelia there, without destroying the normal structures, an attainable object, as pathological is more vulnerable than normal tissue. The operator must produce the requisite intensity of inflammatory action if a recurrence is to be avoided. Suppose the result of the caustic has been that all the tissues within *b* have been destroyed, and the inflammatory process destroys all pathological epithelia beyond that line, a result is obtained equal to that from an incision made at *c* at the same time the open wound produced extends only to *b*. This gives the advantage of such a caustic over a cutting operation. Some of the good effects following the use of caustic potash probably comes from the action of a tox-albumin generated, which is destructive to the

organisms of cancer, if such exist. Caustic potash should not be used where large tumors exist, nor in the papillomatous forms on account of a possible severe hæmorrhage. It is useful in an early stage of epithelioma of the lips, and in small tumors of the hard palate. It can be used in stick form, or in solution with a piece of absorbent cotton, or with a glass tube drawn to a fine point.

Chloride of zinc can be used in stick form, or solution, or as a paste. The best form is as a paste, and the one I use is after the formula of Bougard, to which I add 20 per cent. cocaine. It destroys both normal and pathological tissue, although not in an equal degree, and its use is rarely indicated. I employ it in the papillomatous forms until the base is approached, and then use another caustic. It can also be injected into small tumors where caustic potash or arsenious acid cannot be employed.

Arsenious acid in the form of a paste, made by mixing together the acid and powdered gum acacia with water, is our most valuable agent in the treatment of epithelioma of the skin. The paste should have the consistence of firm butter. The strength should vary according to the character of the cancer to be treated. Marsden employed two parts of acid to one of acacia, but I prefer to regulate the strength according to the case, never making it weaker than equal parts, and never stronger than that employed by Marsden. It can be applied to any cutaneous cancer, and with proper precautions gives also most satisfactory results in many cases of epithelioma of the lip. A study of its action on such a tumor as already described, as existing in Fig. 1, will give an idea of the result obtained when the treatment is properly conducted. If the epidermis is unbroken it should be destroyed with some agent before applying the paste, as arsenious acid has comparatively little action on normal tissue. The paste should always cover an area considerably beyond the apparent limit of the tumor, as that is never its real extent, and should be left on from eight to twenty hours, depending upon the vulnerability of the part and the strength of the paste. From what I have already written you know the result that should be obtained, and you must use the paste in such a way as to get that result, either by making it stronger or leaving it on a longer period. The operator, however, is not justified in allowing too much destruction of normal tissue to occur. If the action has been satisfactory all the tissues within *a*, and some, if not all, within *b*, will appear to be necrosed, and beyond that area an inflammatory process of much intensity next the necrosed area will exist and extend with gradually diminishing intensity into the surrounding tissue; thus, if the tumor is situated upon the lower part of the nose, and it be somewhat deeply seated, the application, if

properly applied as to strength and duration of time, usually causes closing of the eye on the same side from inflammatory œdema. As the action of the arsenic is elective in character in this disease, it follows that with it the best results are obtained with the least destruction of normal tissue, and it is to be used in all cases when not contraindicated. Clinical experience shows that the best results both as regards cure and scarring or deformity, are obtained by the judicious use of this agent. If the part is examined when the paste is removed and the desired result has not been obtained, another application should be made at once, and as the part is probably more vulnerable than before the first application, the next paste should be weaker, or left on a shorter period of time. The proper procedure is to watch the action of the paste and be guided by the effect upon the tissues. The action desired must be obtained, or the patient is injured instead of benefited. If the action is satisfactory, the part is to be treated as a simple wound and should heal quickly under proper dressings. No effort should be made to treat the part antiseptically, as the toxins from pus organisms and the inflammatory process in connection with their presence are of service in destroying organisms and pathological epithelia; at the same time plenty of granulation tissue helps to the restoration of the normal form of the parts. If the tumor is seated just below the eye, the lachrymal secretion may soften the paste too much, and it may be necessary to make a fresh application many times during the eight to twenty hours of treatment. In the superficial forms the paste should be applied over a large area, if a reappearance of the disease is to be avoided. If marked ulceration exists the strong preparation should be used as that lessens the danger of poisoning.

For the successful use of the caustics, the physician must recognize the form of cancer, he must appreciate the manner of extension of the growth in the different forms, and have a definite idea of the action of the caustic employed and the result necessary to be obtained. Some cases demand considerable experience, whilst others are easily handled. A fault which is frequent with physicians is the neglect to treat the case energetically until in their opinion the disease is removed.

Space in this journal will not permit me to enter into a lengthened argument in support of the views here expressed. In previous publications I have gone into that part of the subject fully, and have endeavored to show both from a theoretical and practical standpoint that the great majority of cases should be treated by caustics in preference to the knife or any other agent at present known, and that, when seen early and thus treated, epithelioma is not the fatal disease it is too often supposed to be by physicians.

Editorials.

Lord Lister on Consolidation.

AT the special convocation of Trinity University, Lord Lister spoke of the advisability of having the universities consolidated. We can easily see how this would do much good. A direction in which consolidation would be of the utmost utility would be along the lines of consolidation in the medical schools. There are now five medical colleges in Ontario—three being in Toronto. It is plain to all impartial observers that better work would be done by one college well equipped in every detail. The tendency to overcrowding of the medical profession is apparent to all. With fewer colleges, and a higher standard of qualification, this would be lessened somewhat. Any improvement in this direction would be hailed with pleasure by the medical profession, which at present is neither overworked nor overpaid.

British Association for Advancement of Science.

THERE is no doubt that the visit of this Association did honor to Toronto. It must be regarded as no ordinary affair to have the annual visit of this distinguished gathering, representing as it does so many sections of human culture and progress. This is the second time the Association has visited Canada ; in 1884 in Montreal, and this year in Toronto.

While the MEDICAL REVIEW voices its praise of the visit, and eminent scientist who formed the Association, it must express the regret that during the progress of the meeting and since there should have been so much adverse criticism of the local management. To a great extent all this is due to the part taken in the management by one of the local secretaries.

When one studies the composition of the many committees, such as conversazione, finance, conveyance, printing, sister institutions, telegraph and telephone, rooms, hotels, press, hospitality, reception, executive, it becomes apparent that the medical profession has been most studiously ignored. It is true that the names of Dr. A. B. Macallum and W. H. Ellis appear, but these have long given up

practice, and are university teachers. Then the names of Dr. Clark, of the asylum, and Dr. J. J. Cassidy are noticed. Apart from these the medical profession were not honored with any attention. Teachers, theologians, politicians and business men are found in great numbers on the committees; but the only scientific profession we have is practically ignored. No wonder that the medical profession took so little interest in the meetings. The REVIEW does not hesitate to say that the funds placed at the disposal of the local committee by the City Council and the Government called for different conduct on the part of the local magnates. The greatest of all the professions should not have been so slighted.

From the *Globe* of Saturday, August 21st, we quote the following: "Prof. Macallum is one of the most original members of the University staff, and his investigations have covered a wide range of subjects. His work has secured him a world-wide recognition, and has been frequently commended in the highest terms by English and foreign men of science. If Toronto University is able to retain him as a member of her staff her reputation will grow with his."

The Victorian Order of Nurses.

ON several occasions the MEDICAL REVIEW has referred to this subject, and had really thought the movement towards its establishment was dead. It would seem, however, that there is still a little vitality in the cause; or, perhaps better, a little sympathy for it in its dying stage. At the recent meeting of the British Medical Association in Montreal, the President moved that the scheme be approved of by the Association. In courtesy to him it was allowed to pass. It was remarked that in a colony like Canada such an order of nurses would be of service. The Ontario Medical Council, the Ontario Medical Association, many smaller medical societies, many medical men, and especially those in Manitoba, have expressed themselves as opposed to the whole scheme. These should know better than our British visitors. This resolution of the British Medical Association may let the affair down easily by showing that some, at least, sympathized.

THE British Medical Association meeting held in Montreal was a pronounced success in all respects. The enterprise displayed by the oldest and best medical journal published, the *Lancet*, in publishing

a special Canadian edition on Saturday, containing the reports of addresses, etc., delivered at the various meetings is to be specially commended. We understand a copy of this number has been sent to members of the profession throughout the Dominion.

GRAVE'S DISEASE.—Dr. W. H. Thompson, of New York, in *Medical Record* for August 14, again advances the view that Grave's disease is due to digestive derangements, and toxæmia resulting from this cause. He reports a number of cases of well marked tachycardia, where the patients made excellent progress by proper attention to the digestive organs. Mercurial eliminations and intestinal sedatives and antiseptics are his favorite drugs. In the matter of diet he takes strong grounds against meat. Motzoon, kumyss, peptonized milk, fish, poultry, rice, potatoes, and most vegetables, except asparagus and celery, are his favorites. He contends the resumption of a diet containing a fair share of butcher meat speedily causes a relapse and recurrence of the symptoms, including the tachycardia. He refers to the experiments of Ewald, Rosenblatt and others, that meat is very injurious to animals that have had the thyroid removed. On the other hand certain blood conditions may give rise to the motor and paralytic symptoms of exophthalmus.

HEADACHES.—Dr. R. Kingston Fox, in *London Lancet*, for August 7, discusses the above subject in a broad and rather exhaustive manner. In the first place the headaches of school children, due to pressure of work, must not be confounded with those of defects of eyesight. For the school pressure headaches, rest and cod liver oil are the best remedies. In adolescence and young adults there are many kinds of headache. There are the rheumatic headaches, and those due to over action of the heart. There is also the headaches of anæmia. In these there is often plus arterial tension. Migraine is common at this age. There is generally a gouty or rheumatic history. The pulse tension is usually high, though it may be sometimes low. Cannabis indica is the author's favorite in this form of headache. There is a group of headaches that occur in younger adults, accompanied by heart hurry or tachycardia. These attacks are found in Grave's disease. Caffeine, iodides and bromides are here useful. We have also the congestive headaches. These often occur in connection with derangements of the catamenia. The blood tension is generally low, and caffeine is found very valuable. The headaches of mid-life are often due to cardiac or renal trouble. In the majority of cases of headache at this period of life there is pulse tension, and

cannabis indica is therefore often very useful. The chief points may be thus summed up. 1. Treat the cause, or disorder which is associated with the headache. 2. Remedies which lower tension are useful in high tension headaches, and those which raises tension for high tension headaches. 3. Cannabis indica is of value in most high tension headaches, and caffeine in those with low tension. Phenaitin, antipyrin and acetainlid may be useful in any form of headache, but mostly in those of high tension.

THE CANADIAN MEDICAL ASSOCIATION.—The thirtieth annual meeting of this society was held in Montreal on Monday, August 30th. On account of the meeting of the British Medical Association the following day, it had been decided that no scientific papers would be read, and the meeting was held only for the transaction of the necessary executive business. The president of the association, Dr. V. H. Moore, of Brockville, delivered the annual address. After thanking the members of the society for the honor of an election to the highest office in their gift, he addressed a few words of greeting to the members of the British Medical Association who had come into the meeting, and also to the numerous American physicians who were present. Medical men in the United States, he said, "are industrious, persevering and energetic, quick to see, ready to adopt, and eager to carry out any and all improvements and discoveries to a successful or final issue; hence it is not surprising that they have made such progress." He then took up the main portion of the address, which was devoted to the condition of medical and other branches of education in Canada at the present day. In closing he again welcomed the members of the British Medical Association on behalf of the medical profession of Canada, and he said that the citizens of Montreal, who are so noted for their hospitality, and indeed all Canadians, would do their utmost to make the stay of their brethren in the country as pleasant and as profitable as possible. The election of officers resulted in the choice of the following: President, Dr. J. M. Beausoleil, Quebec; Vice-Presidents—Drs. A. McPhedraw, Toronto; C. S. Parke, Quebec; R. A. McKean, Glace Bay; P. R. Tuch, St. John; R. McNeil, Stanley Bridge, J. R. Jones, Winnipeg; F. C. McWheen, Lethbridge; and J. Tunstall, Vancouver; General Secretary, Dr. F. N. G. Starr, Toronto; Treasurer, Dr. H. B. Small, Ottawa.

Book Notices.

Another new book is to be added to our rapidly increasing literature on pediatrics. A book entitled *About Children* is announced by the Medical Gazette Publishing Company of Cleveland, Ohio. The author is Dr. Samuel W. Kelley, Professor of diseases of children in the Cleveland College of Physicians and Surgeons.

The *Hypnotic Magazine* for June presents an attractive appearance. This readable periodical is now in the second year of its existence, and bids fair to a continuance of favor and support. The editor, Sydney Flower, is displaying marked energy in its make up. Those who take an interest in hypnotism will find this magazine very interesting. We wish our contemporary success.

International Clinics. Volume I. Seventh Series. Philadelphia : J. B. Lippincott Company. 1897. Mr. Chas. Roberts, 593 A Cadieux Street, Montreal.

This work aims to give up-to-date clinical lectures on medicine, surgery, obstetrics, etc., and has a number of special articles on the treatment of appendicitis, syphilis, catarrhal, inflammations of the middle ear, fractures, after-treatment of abdominal section, chronic retro-displacements of the uterus, acute rhinitis, psoriasis, tuberculosis of the larynx, hæmoptysis, diseases of the rectum (paliatively), and pneumonia. Such well-known names as Baldy, Bramwell, Fournier, Hare, Mathews, Moullin, are a guarantee that this work is well worth having. We can commend it to men who wish to keep up to the times.

The Menopause.—A consideration of the phenomena which occur to women at the close of the child-bearing period. By Andrew F. Currie, A.B., M.D., New York City. Published by D. Appleton & Co., New York, 1897.

There are not many recent works, if any, on the above subject, which makes the present volume especially welcome. It is particularly timely, as it contains the first accumulated evidence, as to the results of the artificially produced menopause, consequent upon so many removals of tubes and ovaries which have taken place during these last ten or fifteen years. The book will also be instrumental in

dissipating the erroneous idea, that the menopause, is essentially attended with such dire and fatal results, as have been traditionally attributed to this period. The author deals very effectively with this point, and says about all that is of practical value.

To a physician it is very interesting reading, and is well worthy of a place on the library shelves of every gynæcologist and practitioner of medicine.

MR. W. B. SAUNDERS announces the following books for early publication: An American Text-Book of Genito-urinary and Skin Diseases. Edited by L. Bolton Bangs, M.D., and William A. Hardaway, M.D. An American Text-Book of Diseases of the Eye, Ear, Nose, and Throat. Edited by G. E. de Schwenitz, M.D., and B. Alexander Randall, M.D. Surgical Diagnosis and Treatment. By J. W. Macdonald, M.D. A Text-Book of the Theory and Practice of Medicine. By James M. Anders, M.D., Ph.D., LL.D. Tuberculosis of the Genito-Urinary Apparatus, Male and Female. By Nicholas Senn, M.D., Ph.D., LL.D. A Text-Book of Gynæcology. By Charles B. Penrose, M.D. A Text-Book of Obstetrics. By Barton Cooke Hirst, M.D. A Manual of Orthopedic Surgery. By James E. Moore, M.D. A Text-Book of Embryology. By John C. Hensler, M.D. Pathological Technique. By Frank E. Mallory, A.M., M.D., and James H. Wright, A.M., M.D. Diseases of Women. By J. Bland Sutton, F.R.C.S., and Arthur E. Giles, M.D., B.Sc.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Medical Professors and Teachers. •

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—In the several medical colleges of Ontario there are a goodly number of teachers. The University of Toronto Medical Faculty boasts in a staff of over thirty medical gentlemen, apart from a number of others who are not doctors or do not practise. Trinity has somewhere about the same strength of a staff. The Woman's Medical College has a large staff, considering the attendance—about a teacher to each student. Then again we have London and Kingston.

These colleges are flooding the Province with announcements, the

college teacher is far too often a professional touteur for his school ; with the profession crowded to suffocation, these institutions are resorting to the most extreme efforts to obtain students. Young men are induced to leave the farm, the store, the teacher's desk, and other occupations, in search of an Eldorado in medicine.

I wish to raise a warning voice against the rush into medicine ; the profession is overdone now. Just the other day, the writer had a lengthy conversation with a traveller, who, for many years, has represented a large drug house in New York. He visits physicians in many parts of the States, introducing the preparations of the house. The news he brings back from all parts of the Union is that the medical practitioners are simply tumbling over each other.

Look at Great Britain. I learn that last year the additions to the medical profession amounted to over 1,500, and the deductions by death and otherwise, to 600. This leaves an increase of 900 new doctors. Allowing about 1,000 persons to each doctor to yield him a fair income, this would require an increase in the population of 1,000,000.

The booming of schools and the touting of so many medical teachers are responsible for this state of affairs. The profession must take steps to control the influence of these colleges in the medical legislation of this Province. For one thing, a school representation on the medical council should be abolished ; this body ought to be for the profession, and governed by the profession. It should have full power to legislate for the schools as well as for the profession. The Council should deal with the individual practitioner who puts his name in print broadcast with all the M.A., M.D., M.R.C.S., Ph.D., L.R.C.P., M.C.P.S.O., and other titles ; but the staff of a school can do this sort of thing with impunity, and in addition give the various hospital appointments held.

But the professors and teachers cannot keep on talking unless they receive some pay. Thus they are in a most unseemly manner touting for students. No respectable medical practitioner would think of touting for patients in such a way. He would not get up a card with the above titles and his hospital appointments and send it forth on its canvassing mission. How unprofessional this would appear ! Then, if wrong in the individual, it is wrong in the corporation.

Yours, etc.

Toronto, 26th Aug., 1897.

ONLOOKER, M.D.

DR. C. F. DURAND has recently taken up his residence in Buffalo.

Selections.

ACUTE FOLLICULAR TONSILLITIS.—In the treatment of this condition Dr. E. Fletcher Ingals, of Chicago, recommends the application to the inflamed tonsil of a fifty per cent. solution of guaiacol in oil of sweet almonds. Internally :

R Potass. bromid., gr. lxxx.
Sodii salicylat., ʒj.
Tr. opii deod., ʒj.
Cascara cordial, ad ʒj.

M. Sig.: Teaspoonful every four hours in water.—*Medical Summary.*

ADMINISTERING ANÆSTHETICS.—The giving of an anæsthetic is no trifling matter. It is of such importance that he who gives it should be one who is willing to give his entire time to it, ready and alive to recognize emergencies, and, above all, to know what to do when the emergency arises. Such service should be paid for liberally, and not considered, as too frequently it is, especially in smaller towns, as a complimentary privilege to the operator, a free pass to the surgical operation; and consequently more attention is given to the operation than to the anæsthetic, with the result that the signs of dangers are overlooked until profound disturbances are especially imminent.—*Medical Fortnightly.*

OVERSTUDY IN YOUNG GIRLS.—The well known strictures repeatedly made by Skene against the injurious effects of overstudy upon young girls should be treasured by every practitioner. Much the same may be said against an artificial social life, such as prevails in many of our larger cities. It must not be forgotten that a girl does not become a woman promptly upon the first appearance of her menses, but that for some time thereafter, usually several years, she is in a transitional state, and that the less Nature is hampered in the proper moulding of the individual the better for that individual. A girl naturally below par, especially if descended from defective parents, or if she has a highly sensitive nervous organization, not only has all she can attend to to adjust herself gradually to the strains of maturing womanhood, but she is likely, despite Nature's best efforts in her behalf, to require extraneous aid. This it is the physician's duty to give, and it is folly to render aid on the one hand whilst continued overwork is permitted to more than cancel this upon the other.—*Medical Council.*

IRRITABLE BLADDER AFTER CONFINEMENT.—Professor W. E. Fothergill, of Edinburgh, gives a tablespoonful of the following mixture three times a day in post-partum irritability of the bladder :

R Salol,
Tincture of hyoscyamus, } each two drachms.
Infusion of buchu, enough to make six fluid ounces.

M.—*Practitioner.*

FOR COEXISTING PELVIC CONGESTION, ANÆMIA, AND CONSTIPATION :

R Magnesia sulphate ʒi.
Iron sulphate }
Manganese sulphate } aa ʒj.
Acid sulphuric dil ʒii.
Water ʒiv.

M. Sig. A tablespoonful in a wineglassful of water before breakfast.—*Med. News.*

CORROSIVE SUBLIMATE IN THE TREATMENT OF GONORRHOEA.—The *Clinical Journal* for July 28th, attributes the following formula to Vatiér :

R Mercury bichloride 1 part.
Antypyrine 100 parts.
Distilled water 10,000 “

M. To be used as an urethral injection four times a day, the injected portion to be retained as long as possible. The antypyrine is to prevent smarting.—*N. Y. Med. Jour.*

THE BALSAMIC TREATMENT OF BRONCHIECTASIS IN CHILDREN.—Molle (*Loire médicale*) reports rapid improvement, amounting practically to a cure, in two cases by the use of the following mixture :

R Eucalyptol 10 parts.
Creosote 25 “
Tincture of benzoin 50 “
Copaiba 80 “
Oil of sweet almonds, enough to make 200 “

M. Thirty drops daily are given by the rectum, in a little milk, and the amount is gradually increased to one or two teaspoonfuls.—*N. Y. Med. Jour.*

TO REMOVE NITRATE OF SILVER STAINS FROM CLOTHING.—A solution of iodine in ammonia water, the so-called colorless tincture, will remove nitrate of silver stains from the hands, clothing, etc., but owing to the danger of the formation of nitrogen iodide, which is a powerful explosive, it is not recommended. A solution of iodine in iodide of potassium dissolved in water is nearly as quick and quite as effective. Dissolve fifteen parts of iodide of potassium in fifty parts of water, and to the solution add ten parts of iodine. When the latter is dissolved add sufficient water to make five hundred parts. Keep in a well-stoppered bottle. Treat the spots with this, and after a few minutes with a ten per cent. solution of caustic soda, which will remove the silver iodide formed by the first treatment.—*The National Druggist*.

DIABETES AMONG LOCOMOTIVE ENGINEERS.—There is no doubt that diabetes must be regarded as one of the penalties of advanced civilization (*Med. Press and Circ.*). The statistics of the disease show that it is steadily and rapidly increasing in all the great cities of Europe. Among the most recent investigations as to the prevalence of this special malady it has been shown that locomotive engineers have displayed a marked mortality from diabetes. An American observer has stated that this mortality has reached as much as seven times that of the ordinary population. The causes of this are stated to be: 1. The jarring to which the engineers are exposed; 2. The mental strain under which they work; 3. The changes of temperature which they endure. In this country the records of one large railway company show that the mortality of engineers from diabetes, so far as it is possible to compare them with the general population about the same age, is somewhat excessive. The subject is one which would be well worth a close and extensive inquiry. There is much yet concerning the pathology and etiology of diabetes which is obscure.—*Med. Reporter*.

THE TRANSMISSION OF TUBERCLE.—Jackh has recently worked at the investigation of the question whether the sexual glands or their secretions contain virulent tubercle bacilli. In his inquiry he used the testicles and the contents of the seminal vesicles, as well as the ovaries of tuberculous patients who had died either of chronic pulmonary tuberculosis or of general miliary tuberculosis. Portions of the sexual organs or of the semen were introduced into the abdomen of guinea pigs and rabbits. Of five cases in which portions of the testicle or of semen were injected positive results were obtained, three

with the semen and once with the testicular substance. All the rabbits remained healthy. Of three injections one gave a positive result. Examination of the young of tuberculous female guinea pigs gave only one positive result. It appears, therefore, that semen may contain virulent tubercle bacilli, and that transmission of tubercle from mother to child is not the general rule.—*Med. Times and Hospital Gazette.*

LARGE DOSES OF ETHER IN THE TREATMENT OF URÆMIC DYSPNŒA.

—After all that has been said of the injurious action of ether on the kidneys, it is interesting to learn that M. Lemoine and M. Gallois, in a communication made by the Société de biologie, an abstract of which appeared in the *Journal des praticiens* for July 3rd, recommend its use in large doses in the treatment of various forms of nephritis, especially as a powerful means of mitigating and even curing dyspnœa due to uræmia. The authors state that one of them has employed this treatment for nearly ten years, and has succeeded in arresting with it the gravest forms of uræmic respiratory disturbances, provided there was no actual renal lesion. It may be presumed that by this the authors mean no advanced lesion, for they go on to say that uræmia due to acute nephritis, to acute renal congestion, to renal congestion occurring in the course of sclerotic nephritis, or to the infectious forms of nephritis, stands the greatest chance of being cured by means of the ether treatment. They aver that it is only the uræmia depending on slow disorganization of the kidney by arteriosclerosis that does not yield to this treatment, although the comatose and convulsive forms are not readily affected by it. The treatment consists in giving, every half-hour or every hour, according to the severity of the case, two or three teaspoonfuls of ether in a little sweetened water. It is better, the authors say, to give part of the ether subcutaneously; for example, to give a subcutaneous injection of two or three cubic centimetres of ether every three hours instead of the doses then due by the mouth. They say that they have given to some patients more than three hundred cubic centimetres without producing the least untoward effect, even drunkenness, but it does not appear from the abstract into how many doses this amount was divided or whether it was given hypodermically or by the mouth. M. Lemoine and M. Gallois state that the ether occasions an abundant diuresis, improves the pulse, and relieves the respiratory spasm. They regard its employment as worthy to be classed with that of blood-letting so far as the result is concerned.—*N. Y. Med. Jour.*

ELECTRICITY IN THE TREATMENT OF URICACIDEMIA.—J. G. Davis reports several cases in the *New York Polyclinic* of May 15, 1897, in which great relief was experienced from the use of electricity. The constant current was employed with the positive pole over the lumbar region and the negative over the abdomen. In two cases which were regarded as Bright's disease, and in which a large quantity of albumen was being voided, the treatment caused the albumen and coexistent dropsy to disappear. He does not use this to the exclusion of other treatment, but combines it with diuretic and dietetic measures. In one of his cases the stimulating effect of the current on the kidneys seemed to be very direct.—*Medicine*.

LATENT RUPTURE OF UTERUS IN LABOR.—Backer (*Monatsschrift f. Geburtsh, u. Gynak.*, March, 1897) relates the case of a woman in her third labor, who seemed to be doing badly, when it was found that the retardation of delivery was rupture of the uterus. This was surprising, as the symptoms were by no means acute. Five hours after rupture the uterus and appendages were removed. The patient died within eight hours after the operation. At the necropsy the cause of death was found to be hæmorrhage. The vascular and œdematous pelvic connective tissue had shrunk up, so that the ligature had slipped. It is clear, says Backer, that mass ligatures are insufficient for the hypertrophied and vascular structures around a parturient uterus. Every divided vessel must be secured. The conjugate diameter of the pelvis was $3\frac{7}{10}$ inches.—*British Medical Journal*.

THE "ASCITES OF YOUNG WOMEN."—Bouilly (*L'Abeille Med.*, No. 26, 1897), under the name "L'Ascite des Jeunes Filles," suggested by Cruveilhier, describes an affection coming on at or soon after puberty, and having tuberculosis of the Fallopian tubes and ovaries as its most characteristic pathological feature. In some forms of extensive pelvic and abdominal tuberculosis there is no fluid effusion at all; but when the tuberculosis change is limited to the uterine annexa, the ascites is both characteristic and abundant. Its evolution is slow, and it most commonly affects women between the years of 16 and 24. There is no very great abdominal distention, and the quantity of fluid rarely exceeds 8 litres. There is amenorrhœa, and the patient is anæmic and loses flesh. It is often difficult to distinguish this form of ascites from an ovarian cyst, but variability in the amount of the fluid in the former is helpful in diagnosis. The ascites may after a long time undergo spontaneous absorption, but Bouilly recommends and practises laparotomy.—*British Medical Journal*.

PATHOLOGICAL SPINAL FINDINGS OF PERNICIOUS ANÆMIA.—In *Nord. Med. Arkiv*, Petréen relates results of the examination of the spinal cord in pernicious anæmia. In four out of nine cases the vessels of the white substance had undergone hyaline degeneration. In five cases there were scattered through the entire cord small hæmorrhages or post-hæmorrhagic scleroses. In one case sensory disturbances existed clinically, together with pareses, ataxia, loss of the patellar reflex, and urinary incontinence, which corresponded anatomically to degeneration of the posterior columns, and swelling of the glia cells, but never of the axis cylinders. In the second case paraplegia existed. Complete degeneration of Goll's columns, with moderate degeneration in Burdach's columns, was noted in the upper half of the cord. The lymph vessels were greatly distended. The findings of the latter case might have been parasymphilitic.—*Medicine*.

GRANULATING WOUND INFECTION.—W. Noitzell (*Centralblatt für Chirurgie*), by a series of new experiments, has confirmed the opinion of Dr. Billroth that granulation tissue affords an excellent protection for the subjacent tissues and fluids of the body. The experiment consisted in the inoculation of granulating wounds upon the bodies of rabbits, guinea-pigs and sheep. Under all indicated precautions anthrax bacilli were implanted upon granulating wounds, and it was found that even when the wounds were only two days old no infection occurred. The virulence of the infectious material was attested by the prompt death of control animals. Experiments with fully virulent tetanus bouillon cultures showed that even the toxins were not absorbed from the intact granulating surfaces. He considers that the wound cell-layer from the granulations forms an impermeable protective wall for the open lymph and blood paths from the wound. The exudation from the granulating surface then washes away mechanically the bacteria, which are finally removed with dressings. He is of opinion that the bactericidal action of the granulation juice and phagocytosis play an entire secondary role. He notes as a practical point of importance that the slightest abrasion of the granulations gives ingress to the bacteria.—*Medicine*.

MUSIC A HAIR TONIC.—In an article which appeared in the *New York World*, nearly a year ago, it was shown that various musical instruments had a tendency to increase the growth of hair on the heads of players, while other instruments tended to make the musicians bald. Pianists and violinists usually have hair in plenty, while those who play on brass horns are usually deficient in hirsute adornment.

These statements can easily be verified by observation of the members of orchestras at theatres and music halls. Now the question has been taken up by European newspapers and scientists, and the cause of the phenomena is being sought after. Why the tones that come from a brass instrument should discourage hair any more than the music evolved from strings is difficult to determine, but the French scientists who are investigating the matter will perhaps find a solution. Music has long been known to have therapeutic qualities and is useful in many nervous diseases, and now it seems that it may be useful as a hair tonic.—*Magazine of Medicine*.

OPIUM IN GRAVE DISEASE.—Mr. Greig Smith, in a paper on the "Pre-Diagnostic Treatment of Grave Abdominal Disease" (Treatment, March 25th, 1897) urges the desirability of avoiding the use of opium in these cases. He does not mention purgatives, but he advises the avoidance of iced fruits on the ground that by their administration the intestines may be "started into furious action." A course of treatment is sought for "which will certainly do no harm, but will probably do good, and which will not obscure the signs and symptoms, but will rather help in their evolution and interpretation." Assuming that a patient has symptoms coming on suddenly which may be due to simple colic or to "some grave condition such as obstruction or perforation of a viscus, or even extravasation of blood," he advises as the first thing to be done the administration of brandy in milk by the rectum, and that the patient should then be swathed in hot blankets. "The attendant now sits down by the bedside of the patient to watch him and complete the diagnosis. And he ought scarcely to leave his side till the diagnosis is complete." Mr. Greig Smith goes on to say that the patient with the colic makes a great fuss about his condition, whereas the subject of grave disease makes little fuss and keeps his abdomen as still as possible. If the intestines are in motion, Mr. Greig Smith considers that there is no perforation, because this condition causes paralysis and silence on auscultation, except at the seat of rupture, where there are "rare and mysterious blowing or rushing sounds." He then briefly refers to the signs of gaseous exudation into the peritoneal cavity. If the surgeon notes and keeps in mind every individual sign as it is evolved, Mr. Greig Smith says, "it will be surprising if at the end of half an hour their aggregation do not permit of a diagnosis being made sufficiently accurate for exact treatment," and if it be decided that the condition is due to colic, he advises that the treatment should commence with a full dose of morphia. But here we get beyond the pre-diagnostic stage.—*Practitioner*.

⁶**CARBOLIC ACID IN INFECTING CORNEAL ULCERS.**—According to Dr. Geirsvold, a Norwegian practitioner, infecting ulcers of the cornea may frequently be very successfully treated by touching the surface with a Bowman's probe dipped in pure carbolic acid. Some of his cases were complicated by suppuration of the lacrymal ducts, and he was not obliged to use the thermo-cautery, curretting, or subconjunctival antiseptic injections.—*Lancet*.

A NEW SIGN OF PHRENIC NEURALGIA.—Before the Paris Société médicale des hôpitaux, at its meeting of July 30th (*Journal des praticiens*, August 7th), M. Jousset insisted upon the existence of a constant painful point situated precisely in the median line of the sternum, at the level of the fourth or fifth chondro-sternal articulation. It should not be confounded, he said, with the diffuse retrosternal pain observed by Peter in chronic affections of the aorta. The point was of importance, absolutely decisive, in cases in which one was in doubt whether to refer an epigastric pain to the diaphragm, the gall bladder, the stomach, the abdominal wall, or the intercostal nerves.—*New York Medical Journal*.

THE DANGERS OF CHLORATE OF POTASSIUM.—A notion is prevalent among the public that chlorate of potassium is a remedy which may be safely indulged in to an unlimited extent, but it is high time that this dangerous error should be exposed. Therapeutists are well aware that even in comparative moderate doses chlorate of potassium is a very active drug, producing a marked effect upon the blood, which it turns brown, and leading in large doses to cardiac paralysis, albuminuria and death. Instances of this sort are not very rare, and but a few days ago a young man at Morpeth died from sucking pellets of the drug with the object of preparing himself to sing. He absorbed altogether two-thirds of an ounce, causing death from syncope. Even in what are considered safe doses chlorate of potassium often gives rise to great mental and physical depression, insomnia and various other disturbances of the human economy.—*Medical Press and Circular*.

MUSICAL MURMURS IN HEART DISEASE AND ANGINA PECTORIS.—Tecce (*La Rif. Med.*, April 2nd, 1897) draws attention to a special variety of musical heart murmur which he describes as resembling a feeble groan or the chirping of chickens. From certain similar cases described by Capozzi, in which a constant lesion was found—namely,

a regular perforation of a free valve—the author was led to diagnose such a condition in the case of a man, aged 30, who was admitted into hospital suffering from anginal attacks. On auscultation a double aortic murmur could be heard, the diastolic part of the murmur being musical, and like the chirping of chickens. The apex beat was in the fifth space, and outside the nipple line. There was no history of rheumatism, but the patient was much exposed to wet and cold. He contracted syphilis at 21. He died in one of the attacks of angina, and *post mortem* the mitral valves were found normal; the aortic valves thickened and stenosis, two cusps being adherent; the third was perforated near the aortic parietes, but not adherent. The coronary arteries were healthy. The aorta was atheromatous. The author looks upon angina pectoris as a neuralgia of the cardiac plexus.—*British Medical Journal*.

A CELEBRATED QUACK.—A writer in the *Illustrated London News* narrates some very curious incidents in connection with the practice of medicine in England. Some sixty years ago Mr. St. John Long was, although unqualified, practising in Harley street, and had made for himself a great reputation, particularly for his treatment of consumption. His method, shortly stated, was in cases of internal disease to cure the malady by causing an external wound. The effects of this treatment were always painful and often shocking to behold. A Dublin lady came up to London to consult him concerning the health of her two daughters. The younger was far gone in consumption; the elder perfectly well. What had happened to her sister had naturally alarmed her, however, and Long undertook to prevent her falling a victim to the same disease. He applied his remedies, which gave her intense agony, and made her very ill, and on the tenth day Brodie was called in, but too late, for the patient died. The body of the poor girl was exhumed and examined by a committee of doctors. It was shown that there was nothing the matter with her save a wound in the back, apparently produced by fire, though the mode of inflicting it could not be discovered. That was Mr. Long's secret. At the inquest medical testimony was unanimous against him, but he had a cloud of witnesses, male and female, most of them his patients, who gave evidence in his favor. In the end the coroner's jury returned a verdict of manslaughter, which was received in a crowded court with cries of "Shame! shame!" On his trial at the Old Bailey he was found guilty, but escaped on paying a fine of £250 to the king. Long was subsequently tried a second time for pursuing the same treatment

with fatal results, but was acquitted. He acknowledged an income of £12,000 a year. There is a monument to him in Kensal Green cemetery, erected by his former patients.—*Medical Record*.

THE R-TUBERCULIN.—Slawyk of Heubner's clinic (*Deut. med. Woch.*, July 22nd, 1897) reports upon 50 injections of the new tuberculin. One child received 23, another 21, and the two remaining ones two injections. The smallest quantity injected was $\frac{1}{4000}$ mg., and the largest 6 mg. Full details are then given of the first two cases. The elder child, aged $8\frac{3}{4}$ years, reacted vigorously, whereas the younger and weaker child showed no symptoms. The reaction consisted in fever, sweating, collapse, local redness (and even eventual abscess) of old scars and of the injection site. The patients did not become accustomed to the agent after increasing doses. The highest temperature occurred most often on the day of the injection, but the fever lasted sometimes for several days. The general condition was very little affected by the fever. In one case evening rises of temperature and sweating were noted. A severe collapse once followed an injection, giving rise to grave anxiety. With children a greater caution in the question of dose is required. Doubling the dose is not to be recommended, and not more than 2 mg. should be given. Once a fistulous opening appeared in a scar in the neck leading down to a tuberculous gland, but the tuberculous tissue was not discharged through it. No certain conclusions can be drawn as to the value of this tuberculin as the time is as yet too short. In Case 11 an improvement in the condition of the lungs was observed, and in the first case the body weight increased, the glands became smaller, and the very enlarged spleen diminished in size. The injections were discontinued in the other two cases for independent reasons. Worner (*ibid.*) has treated eight cases, including four of lupus, one of scrofuloderma with pelvic abscess, and three of early phthisis. In one case of lupus considerable improvement was noted. Two other cases which had been scraped shortly before the tuberculin treatment showed no recurrence. In the case of scrofuloderma rapid cleaning and even healing of long-standing ulcers took place. Little effect was noted in the cases of phthisis. The author is encouraged to a further trial of this remedy in small doses. Seeligmann (*ibid.*) reports a case of tuberculosis of the skin and generative organs which was improved by the use of tuberculin.—*British Medical Journal*.

Miscellaneous.

Weakness Not Goodness.

URIAH HEEP was not an humble man. His conceit merely took an unusual way of displaying itself. So, there is a great deal of "goodness" in the world which is nothing but weakness. Genuine goodness is not a passive quality. The man who submits to injury rather than make an effort at retaliation, is not a good man, he is lazy and a cowardly.

The idea that it is man's duty to submit cheerfully to imposition, yea, even go half way to meet it, has done a great deal of harm. The do-nothing policy is the line of least resistance, and when man is glorified for it, it becomes doubly attractive.

All forms of charity, except the emergency kind, are species of imposition. The Doctor is the most preyed upon of all men. This is largely his own fault. He has educated the public to believe that it is his duty to furnish the necessary knowledge and skill when disease occurs, and that pay is altogether a secondary consideration.

The Doctor is now suffering, as all men must suffer who neglect their own interests. Nature provides no special Providences to reward this sort of goodness. She calls things by their right name, and smartly punishes carelessness.

If a grocer were called upon to furnish the needy with articles of food, his first inquiry would be as to who would settle the bill. It is difficult to get the Doctor to present one within a reasonable time after services rendered. Small wonder that people think it unnecessary to pay so indifferent a creditor! It is taken for granted that a man will look out for his own end of a bargain.

The Doctor's charity list is a large one and it represents: Real goodness and kindness of heart one-fourth; neglect, carelessness, procrastination and unbusiness-like methods, three-fourths. Such a list shows that he is indifferent alike to the true interests of himself, his profession and those who employ him.

System and order in the business end of the profession is by no means incompatible with the scientific study. Mail each and every one of your patrons a statement of account the first of every month. Give them a chance to be honest and self-respecting. If any take offense at your assuming they possess these desirable qualities, you are

better off without their patronage. There are too many people in the world who fancy they are doing you a favor when they pay you for your work. And do not take unction to your soul that by neglecting to provide for yourself here, you are laying up riches in the Hereafter. That was cheap consolation for the early Christians, who were so unmercifully fleeced by their religious advisers. "From him that hath not shall be taken away even that which he hath."—*Medical Brief*.

ENTIRE WHEAT FLOUR.—Dr. Abbott, in the May *Alkaloidal Clinic*, wields his editorial pen in behalf of pure and nourishing foods—his remarks on "the staff of life" are worthy of repetition. He says: "In the study of cereal foods, it is only necessary to remember that the gluten of these foods is their nitrogenous and only really valuable food element, that on which depends their life-sustaining value, and that in the unfortunately fashionable white flour, this is almost entirely removed; the starch, by far the inferior element, being left behind, constituting the bulk thereof. Therefore, from a chemical standpoint, the use of white flour is foolish in the extreme and from a physiological standpoint it is little less than criminal. Any observant person can pick out dozens of families, in which from 'necessity' bakers' bread forms the main staple of diet, that have not a sound set of teeth from the father to the child of two years old; families in which cholera infantum and convulsions are common in the children, and dyspepsia and constipation the rule with the adults, while the whole family is pasty in color, and lacking in bodily strength and endurance. They get very sick quickly and recover slowly, because they have no reserve force. Let these same persons change to a diet of flour of the entire wheat and the effect is almost marvelous. It has been conclusively shown that one has to buy four barrels of white flour to get as much actual food as is contained in one barrel of a properly prepared flour of the entire wheat. Therefore, to get the actually necessary amount of vital food, the stomach must digest four times as much starch as nature intended it should, while at the same time the pocket pays four times as much money for this as is necessary. While this may be done for a time, for the average stomach to keep it up is manifestly impossible, hence the eating of this immense amount of starch soon destroys digestion, and is constantly adding new victims to the overcrowded ranks of dyspepsia, while the pocket-book is being unnecessarily depleted, as above mentioned. It is high time our people stopped this devitalizing habit of eating impoverished flour and begin to intelligently consider and weigh the consequences.

With everything for it and little or nothing against it, it would seem as if the question would at once be decided in favor of flour of the entire wheat, but such is not the case, for as men and women stick to other bad habits and try to justify themselves therein, so will they adhere to the use of this white wheat flour until our physicians and advanced thinkers among the laity, educate them up to a more full and complete knowledge of the subject. Besides the many objections, from every standpoint, to the white wheat flour, we know of only one to flour of the entire wheat and that is that under ordinary conditions it is apt to keep poorly, making it necessary that the distance from the ripe kernel through the mill and the market to the consumer be made as direct and short as possible. But it is probable that our entire-wheat-flour manufacturers, like the Franklin Mills Co., Lockport, N.Y., will soon overcome this by supplying flour in suitable packages so carefully put up that it will keep perfectly."

ARE YOU IN PAIN?—You will probably ask this question more frequently than any other. Nothing appeals to one more strongly. To be able to relieve pain, whether it be a slight nervous headache or the most excruciating suffering from a severe neuralgia, brings the height of pleasure to both patient and attendant. The ideal remedy must not only do its work, but it must also do it quickly. Touching this point is an article in the *Boston Medical and Surgical Reporter*, by Hugo Engel, A.M., M.D. The author says: "Antikamnia has become a favorite with many members of the profession. It is very reliable in all kinds of pain, and as quickly acting as a hypodermic injection of morphia. It is used only internally. To stop pain one five-grain tablet (crushed) is administered at once; ten minutes later the same dose is repeated, and if necessary, a third dose given ten minutes after the second. In ninety per cent. of all cases it immediately stops the pain."

IT is with regret that we read the report of the extension of the commercial spirit, which seems to be so rampant just now in Germany, into the very strongholds of science. Let us hope that Koch will be able to free himself from so severe an accusation, as a prostitution of his talents in placing his new tuberculin under the exclusive control of a pharmaceutical house, and thereby making the product of this laboratory a proprietary preparation. We always look with suspicion upon men in our honorable profession who display more eagerness for pecuniary gains than for the truths of scientific investigation.—*Post-Graduate*.



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THE CANADIAN MEDICAL REVIEW.

A FREE TRANSLATION.—Doctor: "I would advise you, dear madam, to take frequent baths, plenty of fresh air, and dress in cool gowns." Husband (an hour later): "What did the doctor say?" Wife: "He said that I ought to go to a watering-place, and afterward to the mountains, and get some new light gowns at once."—*Ex.*

KOCH'S REPORT ON THE PLAGUE.—The Berlin correspondent of the *Sun* states that Koch has made a report giving the result of his investigations into the bubonic plague in India. He says that the bacillus possesses very little vitality outside of the bodies of men and animals, and adds that Haffkine's serum possesses undoubted protective qualities.—*The Medical Record.*

NEW WAY OF RIPENING FRUITS.—"The next time you buy any fruit from a street peddler," said Dr. Constantine of the Health Department, "it might be well to remember that it was probably ripened in some filthy tenement-house bed. It is a common practice for Italian fruit venders," he continued, "to hasten the ripening of bananas, oranges and lemons by placing them in their beds, where the fruit receives the animal heat from their bodies. Fruit subjected to this process will ripen in an incredibly short time."—*Buffalo News.*

VACCINATION IN AFGHANISTAN.—A notable triumph has been won in the field of scientific progress, and this, too, by a woman. The Ameer of Afghanistan, ruler of one of the most savage of races, has, through the influence of his private physician, Miss Hamilton, M.D., become a convert to a belief in the inoculation theory. Miss Hamilton visited England last summer with the Ameer's son, when she obtained a model for a stable for calves which are used for the purpose of procuring calf lymph. When she returned to Cabul she initiated the Ameer into the mystery of vaccination. The Ameer, who has on many occasions showed his appreciation of the improvements of civilization and more particularly when they have seemed likely to benefit his country, was much impressed by what he learned of vaccination as a safeguard against small-pox. As Afghanistan is visited every year in the springtime by an outbreak of small-pox in a virulent form, it has been decided to establish vaccine stations and to endeavor to inculcate in the minds of the warlike but uneducated Afghans the immense protection afforded by vaccination.—*The Medical Record.*

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In submitting to you Fellows' Compound Syrup of Hypophosphites, permit me to state four facts:

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- 2nd. This compound differs from all hitherto produced in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for hypophosphite and other phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

PECULIAR MERITS.

- 1st. Unique harmony of ingredients suitable to the requirements of diseased blood.
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When taken into the stomach, diluted as directed, it stimulates the appetite and digestion promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspepsia is so salutary that they sleep for hours after the first few doses.

THE CANADIAN MEDICAL REVIEW.

THE "JAG CURE."—A noted London chemist has analyzed Keeley's bichloride cure with the following result: Water, 31.61 per cent.; sugar, 6 per cent.; a trace of mineral salts, principally lime, and 27.55 per cent. of strong alcohol.—*Nature*.

BACKACHE.—It is with pleasure that I give you my experience with Sanmetto. Mr. B., age forty-nine years, was a sufferer for years from backache, caused from inflamed and overworked kidneys. The pain was so great at times that an opiate had to be given to relieve it. I put Mr. B. on sanmetto, teaspoonful three times a day. He has never complained of his back since. This has been three months ago.

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Gold Hill, Ala.

THE OFFICE HOUR.—A shrewd, capable, and eminently successful physician once said that his success was largely due to a motto, "Take care of your office hour and your office hour will take care of you." When the large amount of waste time in the average physician's routine, the hour's drive and the ten minute call, is considered, one can readily appreciate the business importance of so regulating work as to reduce this waste to a minimum. Men have long ago learned that in commercial matters the only people worth dealing with are those whose business goes to them.—*Medical and Surgical Reporter*.

UNMARRIED PHYSICIANS.—All things being equal, the unmarried man has many advantages over one who is married, and if possessed of equal health, industry, ability and opportunity, is the better doctor of the two. He is his own master; his mind is not occupied by domestic cares; his interest is not divided between his work and his family, and his time can be wholly devoted to the study of disease and the care of his patients. Matrimony will not increase confidence in professional ability, and until it proves itself a stimulus to mental development or a moral safeguard, it cannot possibly enter into the question. Certainly the history of medicine has not shown that the men who are married are either wiser or better than those who are single.—*Richmond University Bulletin*.

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THE CANADIAN MEDICAL REVIEW.

GOVERNOR ADAMS, of Colorado, has signed the bill prohibiting the sale of cocaine without a written prescription of a licensed physician or dentist.

MEDICAL RETICENCE.—In a recent trial in this State, a medical witness was obliged by the court to reluctantly testify to facts in a former patient's history, which he had regarded as confidential, and it must have seemed to him that he was made to violate one of the cardinal principles of his profession. What protection has a patient, may well be asked if even after his death his physician is compelled to reveal secrets which have been reposed in him of a delicate, compromising or damaging character in a time of sickness and suffering? No doubt most of the readers of the *Journal* are familiar with the now celebrated English trial based upon the sacredness of professional confidences, which took place during the past year. Apropos of this trial, Charles Mercier, M.B., of London, has published an admirable paper in a recent number of the English *Journal of Mental Science*, entitled, "Medical Reticence," which we wish might be read by any of the brethren who entertain doubts as to their professional duty in refraining from revealing their patients' secrets. "Only when our inquiries are unrestricted and our means of obtaining knowledge unfettered," Mercier truly says, "can we gain such an insight into the nature of a malady as will justify us in determining on its treatment. For this reason we demand from our patients unlimited candor. This principle we hold justifies us in disregarding the pride of men and the natural modesty of women. We demand from them answers to our most searching questions on their most private and delicate affairs. We require them to put themselves into unseemly postures, and submit to humiliating manipulations; and our demands and requirements are unreservedly conceded. But they are conceded assuredly upon the implied understanding that so great a concession carried with it a corresponding obligation, and that obligation is the obligation of secrecy."—*Boston Med. and Surg. Jour.*

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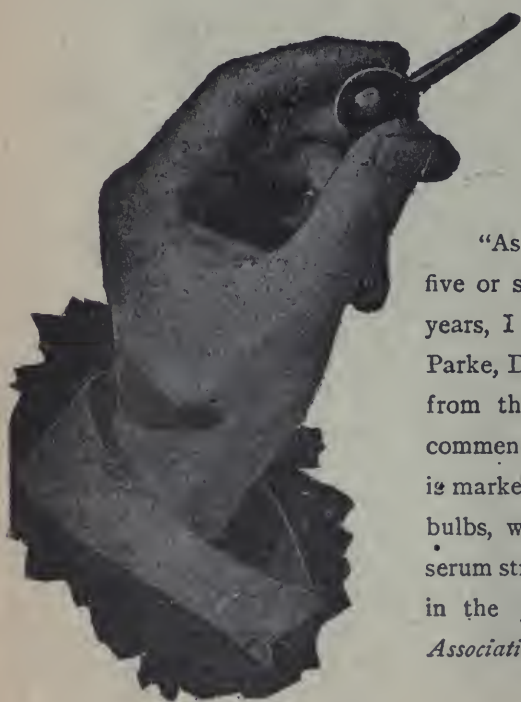
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The Canadian Medical

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The *BERLINER KLINISCHE WOCHENSCHRIFT*, 22nd March, 1897, publishes a Report
upon some experiments that have been made under the direction of PROFESSOR GERHARDT,
in his Clinic at the Charité Hospital at BERLIN, demonstrating the value of APENTA WATER
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PHTHISIS AND ITS TREATMENT.

PHTHISIS is pre-eminently a wasting disease, and by exalting failing nutrition, cod liver oil being little more than a given food, a great advance was made in therapeutics. It has been found, however, that the oil does not in many cases meet the indications; for not only is nourishment needed, but the digestive power is so reduced that but little use is made of the food taken. Hence a demand both for nutritious material and also for something which will aid food suitable for assimilation. The clinical starting-point in the history of the greater number of cases of phthisis is malnutrition, and when that is guarded against much is accomplished.

After a full trial of the different oils and extracts of malt preparations in both hospital and private practice, I find Maltine most applicable to the largest number of patients, and superior to any remedy of its class. Theoretically we would expect this preparation, which has become PRACTICALLY OFFICIAL, to be of great value in chronic conditions of waste and malnutrition, especially as exemplified in phthisis. Being rich in *diastase*, *albuminoids* and *phosphates* according to careful analysis, it aids in digesting farinaceous food, while in itself it is a brain, nerve and muscle producer.

In practice this hypothesis is sustained. A female patient in St. Luke's Hospital, aged 35, with phthisis, signs of deposit in left upper lobe, losing flesh for six months, poor appetite and night sweats, was put upon Maltine. Within a few weeks her weight was increased to 121 pounds, she ate well, no night sweats, and the evidences of local disease were much less marked.

Another case of phthisis: A gentleman from Alabama, with all the physical signs of phthisis, rapidly losing health and strength. His was the remarkable gain of 10 lbs. *from six weeks' use of Maltine.*

Seven pounds' increase in as many weeks is the record of a third patient, a lady of 41 years, who had no other medication than the Maltine. In these and other cases the increase in strength and mental vigor was in proportion to the gain in weight.

These instances are sufficient for illustration, and are *duplicated many times in the experience of physicians everywhere.* There is a universal reluctance always to testify to results from medicinal preparations, but when, as in this case, the composition is fully known, and the profession invited to investigate the manner of preparing it, there is no reason why the remedy should not receive general approbation, provided it be worthy.—*Quarterly Epitome of Practical Medicine and Surgery.*

Maltine with **COD LIVER OIL**

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THE Canadian Medical Review.

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Original Communications.

Is There Such a Disease as Glandular Fever?

By W. GRAHAM, M.D., Toronto.

AN answer in the affirmative to the above question, I fear, cannot be given intelligently by the profession generally, judging from the meagre amount of literature on the subject, and its entire absence from even recent standard works on medicine and pediatrics, which have been within my reach to examine. Such being the case, I hope, will be sufficient apology for the following.

In the beginning of August last, I was called to see a boy about six years old. The temperature was $103\frac{1}{2}^{\circ}$, pulse 136° , vomiting, loss of appetite, headache, constipation, a very thick white coating on the tongue, soreness over the body when moved or touched, lymphatic glands on the left side swollen very large and very painful. The swelling was situated distinctly at the upper part and posterior border of the sterno-cleido-mastoideus muscle; the parotid or sub-maxillary glands remained throughout unaffected. A similar swelling was commencing on the opposite side, which afterwards developed

to nearly the same dimensions. I examined the throat frequently and carefully, but failed to see a lesion of any kind to account for the gland affection. There was no eruption, nor suspicion of any. I could not say there was even redness on the fauces or tonsils, so I eliminated scarlet fever and diphtheria, no other symptoms of these diseases being present excepting the fever and enlarged glands. To my mind it could not be parotitis, because you surely cannot have parotitis without an inflammation of the parotid gland, although I am aware that Dr. Alexander, in the "Hand Book of Medical Sciences," asserts that he has seen an epidemic of mumps when the parotid was not affected. This looks to me like the play of Hamlet, with Hamlet left out. If such can be the case, the sooner we give up labelling mumps "parotitis," the better it will be for appropriate medical nomenclature.

I diagnosed this case as simple acute adenitis in my own mind, and treated it with external applications of hydrarg, oles and ichthyol, internally with calomel, antifebrin and salol. Imagine my surprise when a younger boy, and only other child in the family, took ill soon after with same symptoms, and running a similar course only not so violent.

I had then to reconsider my diagnosis, and while reflecting on the situation and trying to solve the problem to my own satisfaction, I happened to read an article in the *University Medical Magazine*, of Philadelphia, by Dr. Samuel Hamill, on "Glandular Fever," which cleared up the difficulty and convinced me that I had two cases of so-called glandular fever, first described by Pfeiffer about seven years ago, and since mentioned by a few continental writers, and also on this side of the Atlantic by Dr. Park West, of Bellaire, Ohio, who published a series of ninety-six cases in the *Archives of Pediatrics*, 1896, most of them occurring in the practice of Dr. F. A. Korell, a neighboring physician, and Dr. Hamill, already mentioned.

Dr. Hamill defines it "as an infectious disease of sudden onset and short duration, occurring in children, without premonitory signs, attended by constipation, mild faucial redness, high fever, rapid swelling and great tenderness of the cervical lymph glands lying beneath and posterior to the upper third of the sterno-cleido-mastoid muscle, the latter subsiding in two or three weeks."

The etiology is not very clear. Von Starck observed chronic constipation in all his cases, and believed that it was toxæmia from this source. Sejournet also believes that glandular enlargement may occur from auto-infection from the intestines, but I cannot understand that this theory will explain my own two cases that I have

mentioned, or is it a reasonable explanation of the cause of Park West's ninety-six cases, occurring as an epidemic in a circumscribed locality and only in a definite time. If constipation produced such cases, we would never be without them. Indeed it would be well for the inhabitants of Canada, at least, if constipation would produce such disfiguring symptoms; they would take care to have less auto-intoxication from such a source. The disease is, no doubt, infectious, and likely from an external source, streptococci and staphylococci, according to some, playing an important part. However, this idea requires further confirmation.

There are seldom any premonitory symptoms, the disease is ushered in suddenly and with chilliness, sometimes pain in the joints, high fever, weakness, restlessness, vomiting, heavily-coated tongue, constipation, enlarged and painful swelling of the glands on one or both sides at the upper part and posterior border of the sterno-cleido-mastoideus muscle. Some report the axillary and inguinal glands are involved, but not constantly. The enlarged glands have sometimes been observed to go on to suppuration in rare cases.

Early childhood seems to be the predisposing period of life. Park West's cases ranged from seven months to thirteen years, and occurred more frequently amongst boys. Some difficulty may arise in the diagnosis between glandular fever, idiopathic adenitis, scarlet fever and mumps, as there are several symptoms common to all. In my first case, I would have been perfectly satisfied with my first diagnosis of adenitis, had it not been for the second occurring so soon afterwards, which argued strongly that it was infectious, and we are all aware that adenitis is a non-infectious disease, so where there are two or more cases, we may safely set aside simple acute adenitis. In mild cases of scarlet fever, I am well aware that the eruption may be absent, or pass unobserved, and still be followed by endocarditis, or nephritis and desquamation, to show the identity of the disease, but I think where the fever is as high as 103° or over, no sore throat or redness, no eruption observable, a very thick white coating on the tongue and no papillæ showing, and especially if there is increased hepatic or splenic dulness we can readily dismiss scarlet fever.

I can see a greater difficulty in distinguishing this from mumps, especially if we accept the statement of Alexander, viz., that mumps may exist without the parotid being involved. In that case we would have to depend upon hepatic or splenic enlargement, which never occurs in mumps, or the involvement of glands in other parts of the body, but ordinarily there would be little difficulty as the cervical

enlargement is entirely different in the two cases. In the one it is hard and post auricular, in the other it is much softer and chiefly below and in front of the tragus. The prognosis is invariably favorable. The most important complication observed is hæmorrhagic nephritis. The treatment reported consists chiefly of small doses of calomel, quinine, salicylic acid or salophen.

I have not intended the above paper to be anything like exhaustive, but have purposely adhered to practical points sufficiently, I hope, to stimulate observation on the subject. To those desirous of more information I would refer to Dr. Park West's article, in *Archives of Pediatrics*, 1896, Dr. Williams' paper in the same journal, April, 1897, also Dr. Samuel Hamill's article already referred to.

29 Grosvenor Street.

AFTER-EFFECTS OF ANTITOXIC SERUM.—Stawell (*Intercol. Med. Jour.*, June 20th, 1897) lays stress on the variety of rashes which may follow the use of antidiphtheria serum, many of which have been shown experimentally to result from the injection of non-immunized or normal horse-serum into the blood of another animal. He quotes the experience of two other Australian physicians who in one hundred cases found that urticaria supervened thirty-two times, and was twice accompanied by joint pains. Stawell himself has repeatedly seen urticaria and erythema, often with some rise of temperature, in such cases; two of his patients, however, suffered from more complex and alarming conditions. In the first a generalized exanthem appeared on the eighth day after injection of the serum; it was associated with conjunctival injection, œdema of the loose tissues about the face, and rise of temperature. Three days later there was pain in the limbs and swelling and tenderness about the joints; a distinct systolic *bruit* could be heard. The whole condition simulated an attack of acute rheumatism in a child, and tallied very closely with the description given by Goodall and Washbourn. In ten days from the onset of the rash all pyrexia and joint pains had disappeared, and in a few weeks a cardiac murmur was no longer audible. The second case was one of marked laryngeal diphtheria in a boy, aged five, for which intubation had to be performed. Two injections of Behring's serum were given, and thirteen days after the second a general measly rash appeared, with an urticarial eruption down the limbs. The face was puffy, there was marked injection of the conjunctival vessels, the fauces were red and swollen, and the joints enlarged and painful, while the temperature was 102° F. There was no cardiac murmur, and the constitutional disturbance cleared up in about nine days.—*British Medical Journal*.

Selected Article.

On the Relation of Physiology, Pharmacology, Pathology, and Practical Medicine.*

By T. LAUDER BRUNTON, M.D., D.Sc. Edin., LL.D.,
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THE desire for knowledge which is common to the lower animals and man, savage or civilized, and has induced members of this congress to come from the ends of the earth in order to gain information, must have led primitive man from the earliest times to study the great problems of physiology, the nature of life, of growth, of reproduction, and of death, as well as to notice the connection of the latter with mechanical injuries, such as the wounds inflicted by clubs and spears or by the teeth and claws of wild beasts.

Next to the problems of physiology come those of pharmacology, by which I mean the poisonous or remedial action of various substances mineral, vegetable, or animal. A knowledge of this subject is found even among the lowest savages, and is of the greatest use to them, for it enables them, on the one hand, to avoid eating things which may cause discomfort, pain or death, and, on the other, to obtain food by poisoning waters and thus catching fish, or by poisoning their arrows to kill game which would otherwise escape. Closely associated with the knowledge of the poisonous is that of the curative powers of herbs, and it is possessed by animals as well as man, for cows avoid noxious plants, and dogs will every now and again eat grass apparently as medicine. Primitive peoples use various substances as remedies in disease, with more or less success, and one of the most extraordinary points in their practice is that they seem to some extent to have forestalled the newest researches on venins, anti-venins, and organotherapy, for in Africa the Bushmen are accustomed to drink the poison of venomous snakes as a prophylactic against their bite, and the Hausas prevent hydrophobia by killing the mad dog and making the man it has bitten eat its liver.

The occurrence of death from wounds or poison is intelligible even to a savage, but when illness and death occur independently of these,

* An address delivered before the Twelfth International Medical Congress, held in Moscow, August 19-26, 1897.

men naturally attribute them to invisible powers. Thus the Dyaks of Borneo ascribe sickness to wounds from invisible spears wielded by invisible spirits, and during an epidemic of disease in the Middle Ages the cry often arose that the wells had been poisoned. These crude ideas contain germs of truth, and when we look at Professor Metschnikoff's drawings of a *Daphnia* attacked by a *Monospora* we seem to recognize the invisible darts of the Dyaks, while during an epidemic of typhoid fever we have often to acknowledge that our wells have been poisoned by bacilli.

It is impossible to trace the steps by which the crude ideas of savage peoples regarding physiology, pharmacology and pathology have grown into definite sciences, or even to indicate the most important landmarks, though we naturally think of the names of Alkmaon, Galen and Harvey in physiology; of Nicander, Magendie and Bernard in pharmacology; and of Morgagni, Virchow and Pasteur in pathology. During this century these three sciences have developed with almost incredible rapidity; a complete knowledge of them is enough to tax severely the most retentive memory, and it is almost impossible for any individual to keep up with the advance of all three of them.

But just as the whole subject of astronomy became suddenly simplified by a change of standpoint at the very time when cycles and epicycles became most bewildering, so at the very time when these three sciences are becoming most complex and diverse they appear to be tending to unification and simplification. Pathology, for example, is now becoming to a great extent a branch of pharmacology, for while a few years ago its chief object was to discover, examine and classify the microbes which give rise to disease, it is now striving rather to discover the nature and actions of the ferments and poisons which they form, and by which they are able to cause disease and death in the animals they attack. Pharmacological investigation, instead of being confined to the alkaloids and other poisons formed by higher plants, has now extended to those formed by microscopic plants or microbes, and thus comes to include a great part of pathology.

In the same way, though pharmacology is a branch of physiology, inasmuch as it deals with the phenomena of life as modified by drugs, yet physiology may to a certain extent, be regarded as a branch of pharmacology, because some of the latest researches regarding the processes of life have been made by pharmacological methods, using the products of animal life instead of vegetable poisons. Among the pioneers in this line I may mention my two masters, Kuhne and

Ludwig ; the former of whom by his chemical investigations has enabled us to differentiate the various products of albuminous decomposition, while the latter, with his pupils, Schmidt-Muhlheim and Wooldridge, discovered the poisonous action of albumoses and peptones, and of the juices of various tissues when injected directly into the blood.

Before the proteid constituents of our food can be absorbed they must be split up during digestion into albumoses and peptones ; yet these researches show that the very substances which are necessary to repair waste, and are indispensable for the continuance of life, prove fatal when introduced into the body in a wrong way or in too great quantity. But the products of the digestion of albumen do not normally enter the circulation as albumoses and peptones. During absorption they undergo changes of a synthetic nature in the walls of the intestine, and probably to a certain extent also in the liver, so that they again form harmless substances, and their poisonous properties are destroyed before they enter the general blood stream.

But how is it that the ferments which decompose albuminous food and form poisons from it in the intestine, do not pass into the blood and kill the animal by digesting the tissues and forming poisons from them ? Of course pepsin cannot do so, as it acts only in an acid medium, but there is no such hindrance to the action of trypsin, and and yet it does not destroy the tissues composing the body itself. In all probability the reason why digestive ferments do not digest the tissues is not that they are destroyed in the digestive canal, nor yet that they are not absorbed, but that they are altered from active enzymes into inert zymogens which can be stored up without risk, and can again liberate active enzymes when these are required to digest a subsequent meal. In this respect they may be compared to the knives used by wandering peoples to cut up their meat, and which are not thrown away after each meal, but are simply put into sheaths which cover their edges and deprive them for a time of their cutting power.

But it is not in the intestine only that enzymes are found ; they are also poured into the blood by the pancreas, and probably by the thyroid and other glands. As our acquaintance with the processes of cell life increases it seems more and more likely that the tissue change on which functional activity depends is effected by the enzymes, and the truer do the speculations of Van Helmont appear—that life is a process of fermentation.

There can be little doubt that if enzymes in a free state were to circulate through the body they would do much harm, and

indeed we may regard this as well-nigh proved to the enzyme of tetanus.

But their action is limited either by their conversion into zymogens or their localization to the cells or tissues where their action is required. This is more readily seen in plants than in animals, and one of the best examples of it is that in germinating wheat.

In the ordinary state of the grain the diastatic ferment is kept apart from the starch by a small layer of cellulose, through which the diastase cannot pass, but during germination another ferment appears which has the power of dissolving cellulose, and by breaking down this dividing membrane it allows the diastatic ferment to act upon the starch, and renders it available for the needs of the growing plant.

Enzymes appear to differ among themselves nearly as much as albumin, albumoses and peptones. Some are easily separated from the cells in which they exist, while others are so closely united to the protoplasm that their separate existence apart from it has been denied. The yeast plant, for example, yields an invert enzyme which can be extracted with comparative ease, but the enzyme which splits up sugar into alcohol and carbonic acid is so firmly attached to the protoplasm of the cell that it is only within the last few months that it has been isolated by Buchner by the application of enormous pressure. It is probable that the enzymes contained in the cells of animal tissues differ in like manner, and that by the use of similar methods we may obtain a number of enzymes with which we are at present unacquainted.

But it is not merely the products formed in the digestive canal, or in the organs of animals during life, nor even the alkaloids that are formed by the higher plants, that act as poisons. The processes of life are much the same in the lowest microbes as in animals, or in the higher plants, and these microbes, by forming ferments and poisons give rise to disturbance of function or death in animals. When grown in suitable media outside the body they produce enzymes and poisons, albumoses and alkaloids, and many of them continue to do so after their introduction into the body.

One of the most curious points, in the chemistry of both the higher plants and of microbes, is that they tend to form at the same time a poison and its antidote. In Calabar bean, for example, we find there are two poisons—physostigmine and calabarine, the former tending to paralyze the spinal cord and the latter to stimulate it, so that each poison to a certain extent antagonizes the other. The same condition is found even more markedly in jaborandi, of which the two alkaloids, pilocarpine and jaborine, antagonize one another's action, so that,

although pilocarpine generally greatly predominates, it might be possible to get a specimen of the leaf having no action at all although it contained a quantity of alkaloids.

When injected into animals the toxins formed by microbes and the venins of serpents cause the production of antitoxins and antivenins which neutralize their action apparently by chemical combination in somewhat the same way as an acid and alkali, each poisonous by itself, combine to form a comparatively inert salt. But the two components here, like an organic acid and a mineral base, are unequally affected by destructive agencies, and the antivenin may be destroyed, so that the venom again regains its activity.

The conversion of zymogens into enzymes may be compared to the freeing of venins from their compounds, while the conversion of active venins into inert bodies by combination with antivenins suggests that a similar process may occur in the case of active enzymes, by which they may be converted into inactive zymogens.

Perhaps the hypothesis I mentioned eight years ago to my pupil and friend, Mr. Hankin, the germicidal power of organisms is proportional to their power to produce enzymes, may not be altogether unfounded, and possibly we may discover also that immunity, natural or acquired, is nothing more than an extension to the cells of the tissues generally of a power which is constantly exercised during digestion by those of the intestine and liver.

This problem is one which pertains to all three sciences, and has a most important bearing on practical medicine.

Practical medicine, except when empirical, depends for its advance on physiology, pharmacology, and pathology. A knowledge of the physiology of digestion has led to the satisfactory treatment of dyspepsia by the administration of digestive enzymes, and pharmacological research has enabled us to treat diseases of the circulation with a success previously undreamt of, by teaching us not only how to use aright old remedies, such as digitalis, but also how to apply new ones, such as strophanthus and amyl nitrite, and even to manufacture others such as nitro-erythrol, which possess the special actions we desire, but are lacking in the drugs we already have. Indeed new remedies, which shall alter tissue change, lower temperature, relieve pain and procure sleep, are now being made in such numbers that it is hard to keep count of them.

But among all the new gains of practical medicine none are so remarkable as those which we owe to pathology. Time would fail me to speak of the prevention and cure of zymotic diseases, but no less astonishing is the discovery that myxœdema depends on inactivity

or absence of the thyroid gland, and can be cured by the administration of its extract, which seems to act as an enzyme on living tissues, so that the heavy, shapeless features of the patient resume their natural expression and the sluggish mental processes become quickened. An exhaustive study of enzymes and their products appears to be the most promising way of advancing our knowledge of both the nature and treatment of disease. Probably more is to be hoped for from an investigation into the nature and properties of those enzymes which are intimately associated with the protoplasm of the cells in the various tissues and organs than even of those which are poured into the blood by glands having an internal secretion, such as the thyroid. For all organs, even those which, like muscles and nerves, are not glandular, have an action on the blood comparable to that of the yeast plant, which modifies the fluid in which it lives by the substances which it removes from or adds to it. It is to a knowledge of the processes which occur in the protoplasm of the cells in the intestinal wall and liver, and of the enzymes by which those processes are in all probability carried out, that we must look for an explanation of the conversion of the poisonous albumoses formed during digestion into harmless zymogens.

Moreover, it seems to me that it is by researches into the nature and action of the enzymes, not only of microbes, but in the various tissues of the body in higher animals, that we shall learn how the microbes, like the enzymes of the intestinal canal, produce poisonous albumoses and how the tissues, like the cells of the intestinal walls or liver, convert them into harmless or even protective substances. In this way we may hope to obtain an explanation of toxins and antitoxins, of pathogenesis and immunity, as well as of the nature of diseases unconnected with the presence of microbes, such as diabetes. Twenty-three years ago I attempted to obtain a glycolytic enzyme from muscle, in order to enable diabetic patients to utilize the sugar in their blood. My attempt was unsuccessful, but we may still hope that by other methods we may obtain from animal organs various enzymes, the administration of which may prove as useful in other diseases as the thyroid in myxœdema.

Practical medicine depends on physiology, pharmacology, and pathology, but all three are tending to become more and more subdivisions of the wider and all-embracing science of chemistry. It is to a chemist, Pasteur, that we owe the wonderful development of pathology within the last quarter of a century, and we may fairly regard his fellow-countryman, Lavoisier, as the founder of this science. Men from all countries, and especially from Germany, have aided its

development ; but it seems fitting that at this congress, in acknowledging our obligations to this science, we should not omit to mention that at its head now stands a Russian, Mendeleef, whose marvellous prescience enabled him to predict the existence of elements which were then unknown, and even to describe their properties more correctly than those who first verified his predictions by obtaining the substances themselves. When we consider that little more than a hundred years have elapsed since the time of Lavoisier, and contemplate the vast benefits which medicine and its allied sciences have derived from chemistry during this time, our hopes cannot be otherwise than great for the centuries to come.—*Medical Record*.

The Montreal Meeting.

THE annual meeting in Montreal will always remain an event memorable in the annals of the British Medical Association. Founded as a provincial organisation, the first stage of the Association's development was its growth into a national institution. The sound basis upon which it had been formed, and the energy thrown into the conduct of its affairs led to rapid extension throughout, and finally beyond, the confines of the British Isles. The formation of Colonial Branches marked an era in the history of the Association. The first annual meeting of the Association in one of the Colonies marks another era, and proves to all the world that the Association is one of the influences which is working to bind together the scattered peoples of the British Empire into one great nation.

The reports which we have published and others which will appear in due course will have been sufficient to show to those not present that the Montreal meeting has been an unqualified success, but it is difficult to convey in words a just impression of the measure of this success. Individual effort and the ready co-operation of a united profession have combined with the loyalty of a young, buoyant and energetic people to render the meeting brilliant. Canadians of all professions and all classes have welcomed the Association with a genuine warmth, which has graven deep and ineradicable impressions in the heart of every one from the Mother Country who was fortunate enough to partake of that welcome. But the appeal was not only to the heart but also to the intellect and the judgment. The Canadians were able to show not only that they had warm hearts, generous hands, and an enthusiastic loyalty, but that they had already ensured that they shall take a large share in the intellectual and scientific life,

not less than in the commercial enterprise of the empire to which they are proud to belong.

In Dr. T. G. Roddick the meeting had a President who brought to its service unbounded energy and a personal charm to which all who attended the meeting—members and guests alike—were quickly and gladly subjected. His political and social influence ensured for the meeting a degree of official recognition which is a measure of the honor in which the profession is held in Canada, and of the wise estimation which its statesmen have of the place which medicine is called upon to fill in the State.

The Governor-General, the Earl of Aberdeen, sacrificed a large part of a brief holiday in order to be present at all the public functions of the meeting, and to give to it the official recognition of the representative of the Queen in Canada. The Lieutenant-Governor of the province of Quebec, Sir Aldolphe Chapleau, a statesman who can be eloquent in two languages, was not less ready to testify by his presence and by his words that the old French province of Canada welcomed the Association and took a deep interest in its objects and in its work. The Mayor of Montreal extended to the Association a hearty welcome in the name of that beautiful and enterprising city. Other cities of Canada did not fail to show their interest in the Association by sending representatives, while from every part of Canada came members of the Association resident in even the more distant provinces, from some of which the journey to Montreal was almost as lengthy as from the Mother Country.

The presence of Lord Lister throughout the meeting was a source of much gratification to the Canadian members, since it afforded them opportunities—of which they were not slow to take advantage—of personally assuring him of the esteem which they felt for his character and achievements, and of their gratification at the honor recently conferred upon him by the Queen.

On this occasion the Association, through the Montreal Branch, has had an opportunity of welcoming a large number of guests. Professor Richet, the delegate of the French Government and of the Faculty of Medicine of Paris, delivered before the Association an address, well conceived and admirably delivered, which will have been perused with interest by all our readers. He took every opportunity, moreover, of bearing witness to the good feeling which ought to exist between the British and the French nations, as it does exist between the descendants of British and French stock living side by side in Canada.

The profession of the United States sent many of its most representative members. Dr. Herman Biggs, the Director of the Bacterio-

logical Laboratory of the State of New York, delivered the address in Public Medicine, and Canada reclaimed for the moment Dr. William Osler to delight his audience by his scholarly address in Medicine.

Although the hospitality shown by the medical profession in Montreal and many of its distinguished citizens, and although the brilliancy and the success of the social functions must occupy a large space in the chronicles of the Montreal meeting, the more serious work of the Association meeting was by no means neglected. On the contrary, the work done in the Sections was of a high order of merit.—*British Med. Journal*.

AN UNFAVORABLE VIEW OF THE BRITISH MEDICAL MEETING.—The sixty-fourth convocation of this, the greatest of all Anglo-Saxon medical gatherings, has passed into history. The city of Montreal as a corporation, and the medical profession of the city, "did themselves proud" in matters of hospitality. The attendance was large, over eight hundred registering; and a large number of medical men gathered besides, ostensibly to attend the meeting but never registered, their aims being of a social rather than a scientific character. The greatest drawback was the lack of proper hotel accommodations; indeed, for a city of the pretensions of Montreal such were woefully deficient. The general addresses, that of the president excepted, were decidedly mediocre, being "chestnuty" in flavor, and in one instance so self-laudatory and egoistic as to provoke most unenviable comment. The papers presented to the sections, with few exceptions, were of like character; remarkably, not a single new idea was evolved or even suggested. Their tone was such they might pass for papers read at any of half a dozen meetings of like character, convened during the past five years. Even the discussions were flat, stale and unprofitable, hence the attendance daily became more meagre—so meagre in fact that it was a common cause of comment. Nevertheless the British Medical Association was a success—a great success—as a social body. Scientifically it was mediocre, repetitious, heavy and wearisome; dull as ditch water, relieved only by the manifest attempts of the little chaps to be thought big and the larger ones to grow greater in the estimation of their fellow-men.—*The Medical Age*.

THE BRITISH MEDICAL ASSOCIATION'S ANNUAL DINNER.—An esteemed correspondent writes as follows: "The most massive and thoroughly British feature at the meeting was the dinner. The sections were so extremely similar to the same divisions at our own

national medical gatherings that one had to forcibly recall one's self every now and then to the fact that one was in a 'foreign' assemblage. In the general sessions there was an unaccustomed halo of titled grandeur around the president's chair, and the addresses were a trifle less encyclopædic, less strenuous to bring the history of the branch up to a late hour of the night before, but in all other respects the atmosphere was most familiar. At the dinner, however, the two ways parted. Every one knows what a serious matter the function is of itself to an Englishman. It is one of the most cherished institutions, older than the Magna Charta and almost as memorable. It is one of the laws of the Medes and Persians that it shall open with prayer, and the toast list begin with 'The Queen,' and continue through 'The Houses of Parliament' and 'The Army and Navy' down to 'Our Host.' It has two solemn chants peculiar to it—one, For He is a Jolly Good Fellow, which may be sung as often as is desired during the proceedings, the other, God Save the Queen, which may be sung but once, at the close. And the whole noble ritual was performed at Montreal. There were six hundred guests, thirty-three speakers, a military band to lead the choral responses, and a bugler of a Highland regiment in full uniform to signal 'Order!' for the toasts. So rigid a form, although impressive, has of course the drawback of making all dinners rather similar, and except for the last half-dozen speeches and the titles of two or three of the other speakers, one would hardly have recognized it as a distinctively medical occasion. It also makes it extremely difficult to say anything either unusual or interesting in responding to the toasts. Indeed, the average Briton gives up all hope of this, rises at the call of the chair in the spirit of Nelson's dictum, 'England expects that every man this day will do his duty,' buttons up his coat, clears his throat, and plunges, or, more accurately, wades painfully in. One hardly knows which to admire most, the dogged and self-sacrificing bravery of the half-choking speaker or the noble endurance of the audience. There were several notable exceptions, such as the touching words of dear old Lord Lister, the witty epigrams of the representative of the clergy, the brilliant speech of Dr. Keen, which, even at two o'clock in the morning, roused and fired the whole audience; but the general impression from the whole six hours of ceremonial was that the English still, as in the days of Froissart, 'love to take their pleasures sadly.'—*New York Medical Journal*.

Editorials.

The Enemies of the Medical Profession.

THE Cleveland Medical *Gazette* for August has a very able editorial on the above subject. The evils of the dispensary system, now found in towns and cities are pointed out. What the editorial regards as even a greater evil than the dispensary abuse is the sale of patent medicines. By the sale of proprietary mixtures a very large amount of the treatment is being carried on. Then again there is a system of spreading and advertising being done by members of the profession. There is a continuous effort to appear in the press and advertise operations and cures.

The *British Medical Journal* for August 28th also deals with the same topic. It points out that the dispensary abuse is not likely to increase much. On the other hand the sale of patent medicines and quackery is bound to increase, and the public are not going to enact laws to benefit the medical profession in these respects. The extensive prescribing by chemists is also another great evil which the *British Medical Journal* sees no means of controlling. This journal states that the medical profession in a certain period has increased 20 per cent., while the population has only increased 7 per cent. Surely any one can see the effects from such a state of affairs.

When these facts are set down on one side, and the lengthier and more expensive course of study now as compared with twenty years ago, the man who takes his course now has not as good a chance of making an income as he had in 1877. It is stated that there are 400 physicians in St. Louis little above the level of starvation. In Brooklyn and many other large cities many have quit the profession, and not a few are serving as motormen on street cars. Notwithstanding all this, the schools are pouring out their announcements and further overcrowding the profession.

Obstetrics and Gynaecology.

THE address delivered before the Section of Obstetrics and Gynaecology, before the recent meeting of the British Medical Association, by Dr. J. W. Sinclair, of Manchester, is a masterpiece. It should be read and re-read by every practitioner. We remember the late S. D.

Gross, of Philadelphia, some years ago preparing a very able paper along the same lines. He did not live to read his paper at the American Medical Association. This was done for him. This paper was placed on record as an able warning. The one before us from Dr. Sinclair should be filed for constant reference.

He deals with the injuries, old and new, arising from obstetric practice. He handles the old authors in such a manner as to abstract from them a fund of information and valuable deductions. He shows that in the practice of the older obstetricians the occurrence of fistulæ might occasionally happen, but much less frequently than is generally thought. Under the present practice of anæsthesia and forceps, lacerations, bruising and injuries of a serious nature are far too frequent. He refers to the fatal mistake of a blind trust in some chemical solution as an antiseptic. It is too common a belief that with the copious use of some antiseptic any sort of manipulation may be carried on with either the fingers or the forceps.

A strong and widespread professional opinion must be formed upon this question. It must be taught as a cardinal rule of practice that the too ready a resort to anæsthetics, flushing out the vaginal canal, and then the application of the forceps in the early hours of labor is, in the opinion of the author of the paper, not good practice, and in this statement most will agree with him.

One thing is certain, the practice of obstetrics, as above indicated, has produced an immense number of cases for the gynæcologist to repair. The *Medical Review* agrees with Dr. Sinclair, that better practice in obstetrics would avoid a good deal of our modern gynæcology.

The Progress of Pathology.

MR. W. WATSON CHEYNE, of King's College, London, took the above subject for his text at the meeting of the British Medical Association in Montreal. He stated that twenty-five years ago bacteriology was non-existent. When he became house-surgeon to Lister in 1876, objections of all sorts were urged against the theory on which this great investigator built his researches. Some denied the existence of bacteria, others maintained the theory of spontaneous generation. Some again held that organisms are always present in the healthy body, and others that these took no part in the production of disease.

It was boldly stated by the surgeons of that day that success of the antiseptic principles in no way depended upon the exclusion of micro-organisms. Great difficulties lay in the way of proving the correctness

of the views that bacteria played so important a rôle in pathology. The method of staining had not been discovered. A great deal of time had to be spent in getting over the preliminary difficulties of staining and making cultures. Contrast then with now!

Lister discovered the process of fractional cultivation in the case of the bacterium lactis. By this research a great step was made in the proof that certain bacteria were specific. Koch then published his results on the infective diseases of wounds. He explained his methods of cultivation on solid media. These investigations were the foundations for modern bacteriology. From this point research followed two paths. First, that for the discovery of the organism for each infective disease; and second, the study of the life history of bacteria, and the effects of introducing them, or their products into the living body. The alterations in cells and serum, protection, toxins and antitoxins, chemiotaxis, immunity, have all arisen from this study of the life and doings of the various bacteria.

In speaking of inflammation, it was held that it and healing were two different processes. It was held that inflammation is the means by which nature gets rid of noxious products, or neutralizes their effects. Healing, on the other hand, is the process that repairs defects, whether caused by injury and associated by inflammation or not. The fact is, inflammation must be followed by repair if recovery is to take place, while repair need not be preceded by inflammation. It is often under the microscope that both processes are seen side by side.

The enormous advantages of these researches with regard to diagnosis, prophylaxis and treatment cannot be estimated. Diagnosis can now be made that formerly would be doubtful, or impossible. Means of treatment of the highest value, such as the antitoxin for diphtheria, have been introduced. The whole story of the prevention of infection, medical and surgical, is now placed on a solid foundation. Pestilences and scourges are now held in chains by the strong arm of scientific knowledge. The saving of life and the avoidance of suffering are beyond calculation.

THE next meeting of the International Medical Congress will take place in Paris, in 1900, under the presidency of Prof. Lannelongue.

PROF. VICOR HORSLEY, who is the strongest candidate for the vacancy in the General Medical Council of England, has addressed a meeting of the medical profession in furtherance of his candidature. He declared in favor of what he called the one portal system, that is, a single State examination, instead of the dozen or more on which the authorities at present are empowered to grant medical diplomas.

CONGRESS FOR THE STUDY OF TUBERCULOSIS.—The fourth Congress for the Study of Tuberculosis will be held in Paris in the last week of July, 1898, under the presidency of Professor Nocard, of Alfort. The following are to be the questions discussed: 1. Sanatoria as Means of Prophylaxis and Treatment of Tuberculosis. 2. Serums and Toxins in the Treatment of Tuberculosis. 3. The X Rays in the Diagnosis of Tuberculosis. 4. The Struggle against Animal Tuberculosis by Prophylaxis.

A COMMOTION AMONG THE LODGE PHYSICIANS.—The announcement that the College of Physicians and Surgeons of this province had, at its recent meeting in Quebec, passed a resolution putting a veto upon doctors acting as lodge physicians has caused a great commotion. So far as could be learned, the decision, if carried out, will affect the Sons of England, the Sons of Scotland, the Independent Order of Foresters, the Ancient Order of Foresters, the Canadian Order of Foresters, the Irish Protestant Benevolent Society, the St. George's Society, the Theatrical Mechanics' Association, the C.M.S.A., the Ancient Order of Hibernians, the Young Irishmen's L. and B. Association, the Société des Artisans, Canadien Français, the Union Mutuelle de Bienfaisance, the Union St. Pierre, the Union des Commis Marchands, the Firemen's Benevolent Association, the Catholic Order of Foresters, in fact all the organizations which give sick benefit. The last clause of the resolution passed by the College of Physicians and Surgeons states that "no physician shall be permitted to retain membership in the college or practice in this province who accepts such positions."—*Mail and Empire*.

Personals.

DR. ALBERT A. MACDONALD is expected to return from Europe early in November.

DR. C. R. DICKSON, of this city, was elected president of the American Electro-Therapeutic Association.

DR. W. GRAHAM, late of Brussels, having removed to Toronto, has resigned his seat on the Medical Council. We understand Dr. A. Taylor, of Goderich, is the candidate for the constituency.

DR. MACHELL, of West Toronto, having accepted a lectureship in the Medical Faculty of Toronto University, has resigned from the Medical Council. Dr. J. H. Burns, who has already had ten years' experience in the Council and a past president of that body, and Dr. Spence, are the candidates in the field.

Book Notices.

Transactions of the New York Academy of Medicine for 1894.—

This is a large volume containing about six hundred pages. It contains over twenty valuable papers, including quite an amount of original work. Herter & Smith's paper on "Excessive Intestinal Putrefaction," treats of a subject long neglected, but has been forged to the front of late years by Professor Bouchard and others. Coley's "Treatment of Inoperable Malignant Tumor," by the injection of erysipelas and bacillus prodigiosus as toxins, is very interesting reading, and opens up a fertile field for serum therapy. The views contained in Ian Fleet's paper, on "Defective Vision and Crime," will meet with non-acceptance by the majority of readers. It opposes very largely the accepted theories of the influence of heredity upon crime, but his arguments are not convincing. The other papers are all well worthy of perusal, especially Dr. Joseph Bryant's lecture on "Malignancy."

Lectures on Malarial Fevers. By William Sydney Thozar, M.D., Associate Professor of Medicine in the Johns Hopkins University. New York: D. Appleton & Co., 1897.

This is an octavo of more than usual attractiveness. The binding is good, and the type and paper are excellent. Throughout the work there are numerous charts of much value, illustrating the febrile movement of the malarial fevers. At the end of the book there are three beautiful chromo-lithographs. These show the history in the blood of the three different kinds of plasmodium. In each plate there are about twenty-five figures. The main subdivisions of the text are the tertian, the quartan, and the æstivo-autumnal types of fever. Such combinations as the double-tertian or quotidian, the double-quartan or fever for two days and then a skip-day, and the triple-quartan, or quotidian of quartan type, are fully discussed. The history of the disease is briefly but very clearly stated. He quotes the statement of Varro, 118 B.C., that a small animal, too minute for the eye, entered the body by the mouth or nares and caused these palustrial fevers. From this down to our present knowledge the progress of discovery is carefully noted. The treatment is full and very suggestive. The complications, such as nephritis, paralysis, digestive disturbances, hepatitis, mental diseases, etc., are fully handled. The work is a very full and thorough exposition of our knowledge upon this group of diseases up to date. We can very strongly recommend the work. Toronto agent: G. H. Morang.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

“Green Goods” Degrees.

To the Editor of the CANADIAN MEDICAL REVIEW :

DEAR SIR,—We enclose the announcement (if such it may be termed) of the Central University, Indianapolis, Indiana. Rev. Jos. Littell, Presbyterian minister, who occupies one of the principal pulpits in Indianapolis (as we learn from good authority) acts as president and Albert Morlan, No. 537 E. Vermont street, being secretary. We have recently been making a study of such institutions, of which the National University of Chicago, with its forty-five departments (“modelled after the University of London”—the “universitas universatum”), affording instruction to “any person in any study, is a fine illustration, and the Illinois Wesleyan University, with its special attractions for degrees of M.A. and Ph.D. worthy of honest consideration, and is attractive to many Canadians, especially ministers and college professors.

The “American University of Church Musicians,” from which a late organist of St. James’ Church or Cathedral, Toronto, received his Mus.D., is worthy of investigation, equally as much as the “Wisconsin Eclectic Medical College,” whose business is being or lately was conducted at 1001 W. Congress street, Chicago, Fred Rutland, M.D., Ph.D., being president, offering the M.D. degree for \$20 to any one who would answer the simplest questions in anatomy, etc. This institution was lawfully chartered, so claimed, and so is Central University. The following clipping from *Montreal Star* is illustrative of the fact that even the best men in educational affairs do not consider it *infra dignitatem* to assume interest in such correspondence, schools or universities :—

“Dr. B. Benjamin Andrews, who recently resigned his post as president of Brown University, at Providence, R.I., has accepted the presidency of a new university to be founded by John Brisson Walker, to be known as the Cosmopolitan University. It is to be modelled after the Chautauqua School, and will be conducted by correspondence.” This well may be termed the degree crazed epoch in the world’s history, for even our own, our best universities are constantly establishing new degrees affixing the doctorate to many of the humblest grades of

occupations or professions, *e.g.*, the D.D.S. for dentists ; the D.V.S. for vets. ; Pharm.D. for druggists ; the Paed.D. for school teachers., etc., all of which degrees, by their public impression, have a most decided weakening impression on the doctors' degrees in theology, law, medicine and philosophy, which were honestly obtained either through merit or by prolonged study and attendance at universities honorably established and honorably conducted. The clipping as follows was taken from the *Medical Brief*, July 9, 1897 :

CENTRAL UNIVERSITY.

A Scientific and Literary Institution.

Giving a Correspondence Course of Reading and Study leading to the Degrees of M.S., B.S., A.M., Ph.B., Ph.D., etc. This course will be of great benefit to Clergymen, School Instructors, Physicians and others. Write for Announcement.

ALBERT MORLAN, SEC'Y

537 E. Vermont St., - - Indianapolis, Ind.

We can easily understand by a review of this Institution's announcement how easily the most honorable degrees are procured—equally as cheap as “green goods ;” yet under no secrecy and with the sanction of the highest authority of the State of Indiana. Those of the honorable profession of medicine who are able and learned men, having lawfully acquired degrees from universities, may learn to what a lamentable fate our highest literary degrees are drifting, and will readily understand that the time is coming when no one will wish to obtain, or have it known, that he holds a degree—except it be from Yale, Harvard, or some State university, or from *any* Canadian university. This subject is worthy of attention by Dr. Chas. F. Thwing, President of Adelbert College and Western Reserve University, whose article, “The American Scholar,” lately appeared in the *Forum*, or by President Gilmore, Columbia University, whose contributions on school work appeared in recent numbers of the *Cosmopolitan*. Even the learned Dr. Andrews, of Brown University, might well survey the drift of the universities (?)

JUVENAL.

Toronto, Canada, Sept. 20th, 1897.

P.S.—Since writing the above, we learn that Dr. Andrews has not severed his connection with Brown University as its President.

Selections.

TREATMENT OF LARYNGEAL TUBERCULOSIS.—Dr. Jankenevitch says the principal element of treatment consists in the application of chloride of zinc and carbolated glycerin, in strength of 1 to 10 or 1 to 5, according to the nature of the case. The following antiseptic spray is advised :

R Acid. boric	5 gm.
Acid. phenic.....	60 cgm.
Glycerin	50 gm.
Aquæ laurocerasi	50 gm.
Aquæ	450 gm.

This is especially valuable in the initial catarrhal stage.—*Medical Record*.

FOLLICULAR TONSILLITIS.—

R Olei creosoti	gtt. viij.
Tinct. myrrhæ,	
Glycerini	āā ̄ ij.
Aq.	ad ̄ viij.

S. Use as a gargle every two hours.—LEVY, *Medical and Surgical Reporter*.

ERYSIPELAS OF THE FACE.—The *Presse Medicale* recommends the following formula :

R Carbolic acid,	
Tincture of iodine,	
Alcohol	aa 30 grammes.
Oil of turpentine	60 "
Glycerin	90 "

M. The lesions are to be painted with this liniment every two hours, and covered with aseptic tarlatan.—*Medical Herald*.

TINEA SYCOSIS.—For barber's itch Brooke recommends the following :

R Mercuric oleate (5 per cent.)	20.0
Zinc oxide.	
Starch	aa 7.0
Vaselin	14.0
Ichthyol	1.0
Salicylic acid	1.2

—*American Medico-Surgical Bulletin*.

PRURITUS ANI.—A formula emanating from Penzoldt is

R Sodium hyposulphite	30.0
Carbolic acid	5.0
Glycerin	20.0
Distilled water, q. s. ad	500.0

Tampons saturated with the above solution are to be applied to the anus and frequently changed.—*American Medico-Surgical Bulletin*.

A MIXTURE FOR BRONCHIAL ASTHMA.—The *Prager medicinische Wochenschrift* gives the following formula :

R Sodium iodide,	} each 75 to 180 grains ;
Tincture of stramonium,	
Extract of licorice	60 "
Syrup of squill	450 "
Distilled water	2,750 "

M. S. : A tablespoonful three or four times a day.

—*New York Medical Journal*.

AN EXPECTORANT MIXTURE.—Espagne (*Semaine médicale*) is credited with the following formula :

R. Syrup of ipecac.....	8 to 10 parts ;
Syrup of Tolu, }	} each..... 20 "
Brandy or rum. }	
Potassium bromide	1 part.
Linden water.....	75 parts.

M. S. : A tablespoonful every two hours.

—*New York Medical Journal*.

MASTURBATION.—Apply a small fly-blister on the penis. The victim will then let it alone until it gets well. Then apply another, and so on till the habit is broken.—*Medical World*.

CHURNED MILK.—Buttermilk, which at one time was thought only fit for the hogs, as its virtues are better known is eagerly sought after as not only a healthy but very pleasant drink, especially by the dyspeptic and old people. Down in the vicinity of Wall Street the other day we noticed a stand, around which several old men, most of them millionaires, were gathered, drinking great glasses of rich, iced buttermilk. This, one of them said, was his lunch, and he often came down town to get his drink. The lactic acid dissolves the phosphate of lime and keeps the blood in good condition, thereby preventing or retarding that ossification of tendons and arteries so common in old people.—*New York Medical Journal*.

THE COCAINE HABIT.—The *British Medical Journal*, in a recent issue, sounds an alarm concerning the rapid spread of this habit in England, where it threatens to become the third scourge of humanity, alcohol and morphine being the first and second. All ranks of society are declared to be crowded with its victims—both men and women—many of whom are literary people who take cocaine to stimulate their imagination.—*Medical Age*.

THE TREATMENT OF DIARRHEA BY DERMATOL.—Dr. Clemthal, of Helsingfors, has experimented upon the action of dermatol in sixty cases of diarrhea (related in the *Therapeutic Gazette*) dependent upon different causes, and in all of them obtained equally good results with those obtained by the use of opium and subnitrate of bismuth. The doses which he gave varied from four to seven grains, four to six times in twenty-four hours. In no case did he observe that the prolonged use of dermatol produced any inconvenient result.—*Maryland Medical Journal*.

INFECTION THROUGH BOOKS.—At a recent meeting of the Société de Biologie, du Cazal and Catoin (*Munchener medicin. Wochenschrift*) detailed the results of an investigation to determine whether books were capable of transmitting contagious diseases. The streptococcus, the pneumococcus, the diphtheria-bacillus, the tubercle-bacillus, and the typhoid-bacillus were thus studied. Animals inoculated with cultures prepared from books contaminated with the products of the various conditions in which the organisms named were found developed the given affection. It is thus necessary to practice disinfection of books that have been used or in any way contaminated by persons suffering with infectious diseases.—*Medical News*.

ANÆSTHESIA IN HOSPITALS.—So important a part of every operation and one with such far-reaching effect should, in our opinion, be delegated only to an experienced physician or, better still, to an expert. It is always so in private practice; why, then, should the lives of hospital patients be unnecessarily put in jeopardy by an entirely green and inexperienced hand? In London there are physicians experts in this branch of practice, who devote their entire time to it and who, moreover, find that it pays them well. They go from hospital to hospital and from private operation to private operation, assuming the entire responsibility of the anæsthesia with a consequent amount of comfort to the operator and of immunity to the patient which so thorough an experience alone can produce.—*American Gynecological and Obstetrical Journal*.

TREATMENT OF CONSUMPTION BY CINNAMON.—It appears probable that the oil of cinnamon cures consumption in two ways: In the early stages of catarrhal phthisis, by so directly affecting the bacilli as to stop their growth: In cases that are rather far advanced, by only allowing organisms incapable of growth to pass along the bronchi, and thus prevent the infection of fresh globules. In this way the disease may be limited to small areas, where it can be dealt with by the vital processes of the body, and cut off from the system by the formation of fibrous tissue, and so cease to be an immediate source of danger. An interesting feature in the cases observed under this treatment was the order in which the symptoms subsided. The expectoration and the cough were the first to improve, then the temperature tended to the normal, and finally the weight began to increase. These favorable changes were accompanied by gradual diminution in the number of the bacilli in the sputum.—*Thompson, in British Medical Journal.*

THE RELATIONS BETWEEN DIABETES MELLITUS AND DIABETES INSIPIDUS.—Dr. Senator, at the Society for innere Medizin, said very little had been done on the clinical side to clear up the relation between the two forms of disease, but it was generally accepted that some affection of the nervous system was the cause in both. The occurrence of both forms among blood relations spoke strongly in favor of such relationship. The speaker had found five examples of this in literature. He had himself observed the following: A doctor of philosophy presented himself in 1879. He had as a child of two drank a great deal; later on he had passed twenty litres of urine in the twenty-four hours, and the quantity at the time amounted to eleven litres. There was no sugar in the urine or albumen. The mother of the patient died of diabetes mellitus. But one disease could pass into the other even in the same individual. It most frequently happened when a diabetes mellitus passed into a diabetes insipidus, and so prepared the way for permanent recovery. The speaker had found twelve such cases recorded in literature. Those cases in which diabetes insipidus passed into diabetes mellitus were less frequent, but more unfavorable. He had only two such recorded. He had himself observed one case, that of a lady aged forty-three, who had suffered from childhood from diabetes insipidus. The daily quantity of urine was twelve to fifteen litres, the sp. gr. 1001 to 1003, otherwise the patient was healthy. The patient's condition got gradually worse, all treatment, dietetic, medical and hydropathic, failed, and the patient became reduced to a condition of the greatest emaciation and died.

Lastly, according to some statements, the two forms of disease alternated in the same patient; he had never seen such a case himself, but referred his hearers to Carl Wesphal's observation on sclerosis of the lateral columns. The speaker thought he had sufficiently demonstrated the relationship of the two forms of disease. Cantani had endeavored to explain the transition diabetes mellitus into diabetes insipidus as a simple exaggerated flow of urine after cessation of the former disease. Clinical facts, however, were opposed to this view, as after cessation of the diabetes mellitus both thirst and polyuria generally subsided.—*Ber. Cor. Med. Press and Circular.*

CHRONIC NEPHRITIS IN CHILDREN.—Among the papers read at the recent Congress in Moscow was one by Dr. Heubner on this subject, in which he endeavored to show that there is a very slowly progressing nephritis of even very young children which has not yet been carefully defined in literature and which will not fit into any of the ordinary classifications of nephritis. In fact, it is so obscure in its symptoms and so unalarming in its effect upon the health, that its presence is often overlooked entirely. One variety of this disorder, of which Dr. Heubner has observed fourteen cases, might with propriety be called "prolonged scarlatinous nephritis." In the course of a scarlatina, an acute or subacute albuminuria sets in which becomes chronic in spite of the most faithful treatment; and after five or ten months of care there are still in the urine albumen, sometimes intermittently, not usually more than one part to a thousand, a few hyaline casts and sometimes waxy cylinders, never granular nor epithelial casts. The quantity of urine is normal, about a litre in twenty four hours. The specific gravity is medium, the color normal, the reaction always acid. There is never dropsy, retinitis, nor heart hypertrophy with increased blood tension. Headache, depression of spirits, insomnia, emesis, tendency to diarrhœa, are rarely seen. In fact, the body seems to have accommodated itself with much success to the renal deficiency. The symptoms which are to be found, and even they are likely to be overlooked, are anæmia, pallor of skin and mucous membranes, muscular feebleness, rapid fatigue, all indicating a lack of body-tone. The disorder follows most frequently scarlatina, but it may be a sequel of diphtheria, measles, influenza, angina, and perhaps of certain drug poisons, as strychnine. In many cases there seems to be a hereditary predisposition to it, as in the case of a little girl (after scarlatina) whose two brothers had likewise albumen in the urine for a long while after scarlatina. In another case the elder brother of the little patient, also, had a chronic nephritis dating from scarlatina. In a third case the

father of the little patient died of a nephritis dating from childhood. This nephritis is found most often between six and fourteen years, but even sucklings may suffer from it, as in the case of a boy of ten years with chronic nephritis, whose albuminuria began at eighteen months during an ill-determined eruptive disease and who at his seventh year passed through an attack of scarlatina which increased the albumen and set up an acute nephritis. The prognosis is bad. The disease has been known to continue from one to nine years without the least modification. Drugs do no good. In a few cases it has been known to heal spontaneously, sometimes at puberty, after many years' duration. Senator holds that even then the kidney continues especially vulnerable. Rest in bed, diet, change of life-habits are useless. About all that can be done is to avoid chilling. Mud-baths and southern residence might help. In this form of nephritis the albuminuria seems sometimes cyclic, but in the author's experience regular cyclic albuminuria of children always got well, while of thirty of these chronic cases, only two were found to recover.—*Maryland Medical Journal*.

TREATMENT OF URÆMIC DYSPNŒA BY ETHER.—Gallois has recently made a series of observations on this subject (*Thèse de Lille*, 1897). Being rapidly eliminated, ether may be given in fairly large doses at a time without any danger of intoxication, and owing to this fact its employment under various conditions has been recommended. In cases of uræmia with grave dyspnœa 2 c.cm. of ether were injected night and day, as well as a dessertspoonful by the mouth in syrup between each injection. The injections must be made deeply in order to avoid necrosis of the skin. It will be seen from this that a considerable amount of the drug is given, and to this are attributed the good results obtained. A rapid and appreciable improvement is observed; respiration becomes much easier, the sensation of choking disappears, and sleep becomes possible. At the end of a few hours diuresis increases. The patients themselves become so sensible of the beneficial action of ether that they look forward with eagerness to the injections, notwithstanding their somewhat painful character. This treatment must be continued for several days, according to the severity of the case, and as a rule the interval between the injections is increased according as the dyspnœa improves. The drug may be discontinued in a week or so if diuresis have become regular. Much of course depends on the amount of renal tissue available, for in those cases where the kidneys are severely diseased it is as apt to fail as any other method of treatment. The important point which the author emphasizes is the amount which it is necessary to give. This

may vary from 60 to 96 c.cm. in the twenty-four hours, and the rapid absorption resulting from subcutaneous injection is of importance. This method differs markedly from the small doses of ether given on sugar, and recommended by Eichhorst. The author has also studied the question experimentally, for he found that after producing dyspnoea in an animal, respiration became much more regular on giving a certain amount of ether. He further finds that the drug produces no injurious effect on the kidney, nor does it aggravate any existing lesion.—*British Medical Journal*.

NEUROTIC CHILDREN AND MODERN EDUCATION.—A very notable feature of these times is the number of persons afflicted with neurotic tendencies. It is certain that never since the world was first peopled have nervous complaints of all kinds been so prevalent as they are now. It is probable, too, that this country contributes a larger proportion of sufferers from various forms of neurosis than any other. The literature of the day teems with neurotic characters and in Sarah Grand's "Heavenly Twins," the early type is depicted in a masterly manner. To trace the causes of a neurosis back to its origin would be beyond the scope of this article, as well as beyond the powers of the writer. However, it may be laid down as fact almost universally agreed upon that the primary and principal causes are phthisis, syphilis and alcoholism, while unhealthy environment and infectious diseases must be held responsible for the taint in some instances. The present generation is doing penance for the sins and misfortunes of its fathers and forefathers, and the large majority of diseases of a neurotic character have been handed down from parent to child. That the neurotic taint has been most often thus transmitted has been conclusively proved. Neuralgia, epilepsy, neurasthenia, are the forms of neurosis most commonly met with, of which hysteria is the most interesting and important. The change that has come over the minds of alienists in respect to hysteria is very remarkable, and is chiefly due to the investigations and teachings of the French neurologists, headed by Charcot. With the French School the opinion is held that hysteria, both in the infant and adult, must be put down wholly to heredity direct or indirect, although of course they allow that certain accidents can excite and render active this latent predisposition, such as education, emotion and contagion, and in the case of adults, traumatism. When it is allowed on all sides that heredity, if not the sole, is at any rate the principal cause of hysteria and the other manifestations of neurosis, then it must be also granted that in the judicious supervision and careful bringing up of children lies

the remedy and possibly the cure. The existence of the neurotic tendency in an individual does not preclude the possession of talent or even genius. Max Nordau, indeed, holds the theory that to be a genius one must of necessity be a degenerate; that the possession of those mental qualities called genius is in itself a sign of neurosis. Neurotic children are often, in addition to being mentally gifted, physically precocious. Still, notwithstanding the fact that children born with an inherited taint may be to outward seeming both physically and mentally vigorous, yet they will not last, nor is the strain likely to be perpetuated, but will, after going through various stages of degeneracy, ultimately become extinct. Over-pressure in education, and this is a point especially dwelt upon by the French School of neurologists, is in very many cases the cause of the breakdown. Signs of over-pressure are seldom met with except when there is a morbid heredity. These children are not only affected by the over-strain of work, but there must also be taken into account, in these days of competition and cramming, the play of the emotions caused by the excitement and worry of a prospective examination. The truth should be impressed upon the minds of teachers that to unduly exert the brains of young and highly nervous children is dangerous to a degree, and not infrequently the first step in the direction of the madhouse. Parents, also, aware of the nervous temperament of their offspring, should be on their guard against the dangerous pressure of competitive examinations. It is surely also the duties of doctors to protest against many of the unhealthy methods in vogue now in modern education. That every school should be under medical supervision has been frequently suggested, but up to now the suggestion has not been fully carried into effect. If this plan is not feasible, or until the difficulties in the way have been overcome, why should not the teachers be instructed so that they may be able to gather from some palpable signs, as extreme restlessness, for instance, that it will be inadvisable to enforce discipline liable to produce serious results. In connection with this matter the late Dr. Octavius Sturges gave (in a paper read at the International Congress of Hygiene) the pitiable history of five cases of what he terms "school-bred chorea." These unfortunate children were kept hard at work despite their uncontrollable restlessness, of which the teacher did not understand the significance, and were only taken from school when the mischief had been done and chorea had gained such a strong hold on them that at times they were not able to speak. School teachers can, if they are competent and willing, do good service in observing the mental peculiarities of children. The school teacher

has the opportunity of observing and drawing attention, at an early stage, to many significant defects of children, both mental and physical, and while these failings can still be benefited by remedial treatment. The earlier a correct diagnosis of hysteria and its allied complaints is made, the better the chance will be of treating the case with the hope of beneficial results. With young children more attention should be paid to physical education and to the laws of health, and less to overloading the brain with a multitude of subjects, many of which will be of no earthly use in after life.— *Pediatrics*.

TREATMENT OF INFANTILE PARALYSIS.—Larat gives the result of his experience (*Journ. de Med.*, July 25th, 1897) of the treatment of this disease. He says that no matter how grave the case may be in appearance, electricity must be employed, and that as soon as diagnosis is made. The chief point is the method employed. Faradisation is not only useless, but positively harmful, for every time a muscle in process of atrophy, and which does not respond to the current, is faradised the tendency to atrophy is increased. It is, therefore, the continued current which should be used, and the following is the method recommended by the author, which has the advantage of being quite painless—a point of great importance in children affected with any nerve lesion. A large disc of tin, the size of the palm of the hand, is covered with chamois leather. This, which should be moistened with tepid water (not salt solution) is placed over the cervico-dorsal region in the case of an upper limb paralysis, or over dorso-lumbar region when a lower limb is affected. This disc forms the positive pole of the battery. The negative pole consists of a small disc placed in a basin of tepid water in which the extremity of the affected limb is emerged, hand or foot as the case may be, and the ankle or wrist must be covered by water. A current of from 8 to 10 milliampères intensity is passed for about ten minutes. With so large a surface of application the density of the current at any particular point is very slight and the pain *nil*. After ten minutes the current is interrupted a few times, and it is also advisable when interrupting to reverse the current. In this way these interruptions should not exceed the number of 100, and should be made slowly. Later on, when the disease is subsiding, the number of interruptions may be increased and the interval between them shortened. The author points out the only too common fallacy of doing too much in the early history of the case. This treatment must be carried out with great patience, and no decided result must be expected for a long time. The slightest infantile paralysis will require a year's treatment,

a bad case several years, but the earlier the treatment is begun the better, and electrical intervention in the very beginning, especially during the febrile period, is of the very greatest importance. The author does not mean it to be supposed that certain cornual cells which bear the full brunt of the disease will subsequently recover, but he is firmly of opinion that the disease is a selective one, that is to say, that side by side are cells severely affected or disorganized, and others only slightly so. These latter may become affected or escape, and this result will depend on electric application. Hence the importance of early treatment.—*British Medical Journal*.

CROUPOUS PNEUMONIA.—Weismayer (*Zeitschrift für Klinische Medizin*, bd. 23, Supplement) discusses the course of croupous pneumonia. He first briefly reviews the literature on the subject, dwelling particularly upon the work of Finkler, who makes a clear distinction between the pneumonia due to the diplococcus of Frankel and that due to the streptococcus pneumonia. Finkler, it will be recalled, recognized three forms of streptococcus pneumonia: and an acute pernicious, an acute benignant, and a subacute or chronic form, and contended that both clinically and pathologically the two forms ought to be distinguished. Weismayer has observed thirty-nine cases clinically, making in each case a bacteriological examination of the sputum. In thirty-four of these cases there was found in the sputum merely the diplococcus of Frankel. Three of these cases were fatal; one in an aged person, one complicated by fibrinous bronchitis, the third in an alcoholic. All the cases terminated before the twelfth day, and in all there was a rapid disappearance of the signs of consolidation. In two cases the sputum contained, in addition to the diplococcus, the streptococcus. One of these cases, complicated by diabetes and peritonitis, terminated fatally on the nineteenth day; the second after a febrile course of thirty-seven days, made a slow recovery. In three cases merely the streptococcus was found in the sputum. Symptomatically these cases differed but little from typical frank pneumonia. The physical signs, however, were peculiar in that in one case dulness with the other evidences of consolidation did not appear before the ninth day and remained to the thirty-first. In the other cases resolution was made out as complete on the twenty-fifth and nineteenth days. In these three cases of true streptococcus pneumonia the physical signs resembled in every particular those of croupous pneumonia. The chief characteristic was the unusually late disappearance of the exudate. Weismayer concludes that the examination of the sputum in cases of pneumonia is of practical

importance, both as regards prognosis and duration of the disease, the prognosis being in general more unfavorable where streptococci are found, as it increases the length of the illness and adds to the danger of abscess formation and of secondary infection by tubercle bacilli. With the statement of Finkler that a streptococcus pneumonia is always a lobular pneumonia he does not agree. The cases that he observed appeared always to be lobar pneumonia. He believes that many cases recorded as true streptococcus pneumonia may really be cases of diplococcus pneumonia in which a secondary infection by the streptococcus has taken place.—*Medicine*.

HÆMATURIA IN CHRONIC NEPHRITIS.—Dieulafoy (*Journ. de Med.*, March 10th, 1897) insists upon the importance of hæmaturia in the prognosis of chronic nephritis. After pointing out its frequent occurrence in acute nephritis, and its slight importance as regards the future, he shows that its appearance in cases of renal disease, already established, is of grave import. Thus a former pupil of his own, who was the subject of Bright's disease, maintained a high degree of health by means of strict attention to diet and climate for several years. Slight hæmaturia appeared one day, and he rapidly lost ground from that time. The author quotes similar cases, and from these he concludes that any appearance of blood, however slight, in chronic nephritis is the beginning of the end.—*British Medical Journal*.

TYMPANITES.—Dr. M. F. Porter, of Fort Wayne (*Med. News*), concludes an interesting article on this condition as follows: (1) That intra-intestinal tympany in and of itself often kills patients suffering from abdominal and pelvic disease, and that it may do so in cases which are neither pelvic nor abdominal. (2) That tympany occurring in the course of any serious illness should be considered a symptom of ill omen, and that measures for its relief should promptly be instituted. (3) Failing to obtain relief by cathartics, posture, enemata, and the use of the rectal tube, celiotomy and incision of the gut should be promptly done. (4) In cases of general peritonitis and bowel obstruction, no trial should be made of other methods, but celiotomy and incision of the gut should be performed as soon as the diagnosis is made. (5) Puncture of the bowel should be carried out only in cases in which the patient is *in extremis*, and then only in cases such as typhoid fever without perforation, pneumonia, etc., which present no other cause for celiotomy than the tympany itself.—*International Journal of Surgery*.

Miscellaneous.

INFANT MORTALITY IN PARIS.—More than 155,000 children under one year die annually in Paris, the greater number of them owing to neglect on the part of their mothers. The proportion of illegitimate births, which at the beginning of the century was four or five per cent. of all births, is now nearly nine per cent. for France and twenty-eight per cent. for Paris. Among the children of Paris wet nurses the average mortality is seventy-seven per cent.—*Medical Record*.

THE UNIVERSITY OF CALIFORNIA REJECTS THE PETITION OF THE HAHNEMANN HOSPITAL COLLEGE.—At the last meeting of the Regents of the University of California fourteen members of the Board voted against the admission of the Hahnemann Hospital College to affiliation with the University, and only four in favor of such admission. The petition of the Hahnemann Hospital was therefore rejected.

Bearing upon the above is a clipping from "Prattle" by Ambrose Bierce, in the San Francisco Sunday *Examiner* of September 12th, 1897 :

"I am sorry to observe that my genial friend Dr. George Chismore does not carry into his professional relations the tolerant amiability that distinguishes him in his social. He must know and feel, for example, that the homœopathists are the humorists of the medical profession; that they are not only infinitely amusing, but entirely harmless, nobody dying under their hands except those who can be spared. Yet their demand for 'affiliation' with the State University provokes the Doctor to turn loose his muse and 'sick' her on, greatly to the infraction of their peace. This is what he is moved to say of the matter :

"For God's sake, sirs ! What have you done ?
Is there some vessel, nerve or bone,
Or any least thing of your own,
Of fact to show it ?
If such there be, I freely own
I do not know it.

"The one excuse on which you fall—
That Doctor Hahnemann knew all
About diseases great and small
There was to know—
Is just the sample of the gall
You always show.

“ With silliness beyond compute,
 You hold diluting don't dilute,
 That weakening strengthens, we dispute,
 Both can't be right.
 Which think you will Fair Science suit ?
 She holds the light.

“ The scientists have held, I see,
 One fact with all facts must agree.
 Come, bring your strongest drug to me—
 No man is able
 To tell what e'en its name may be
 Without the label.

“ A long, long time you'll have to wait
 Ere 'Varsities both learned and great
 With such as you affiliate.
 Do you expect
 Fair Science will with error mate ?
 What folly next !

“ It looks as if Dr. Chismore were growing old and sour and hard to please. For my part, I think promotion of homœopathy a high duty imposed by the sense of humor. Even with homœopathy this is a sad enough world, but one shudders to think what a world it was in the pre-Hahnemann period, when a considerable part of our fellow-creatures could command nothing more absurd wherewith to tickle themselves than that faulty entertainment, a clown grinning through a horse-collar. The clown with his horse-collar and his grin is nearly extinct, and everywhere we have his inimitable successor, the homœ-operator, accentuating the austerity of his countenance, and with studied solemnity uttering the great central truth of his science. That truth, as I understand and love it, is this : The way to make a sick man well is to make him a little sicker—the less sick the better—just enough sicker so that he will not know that he is any sicker, but nature will find out that he is sick. And Dr. Chismore, who has always been thought to love a joke, would deny this humorist a roof under which to stand dry-clad and expound his thesis when it is raining cats and cabbages ! ”

HE.—“ I am really surprised at Dr. White. After being our family doctor for years, and treating me for all sorts of things, and to think of all the money we've paid him, too ! ”

SHE.—“ What has he done ? ”

HE.—“ He wouldn't let me pass for the life insurance company ! ”
—Boston Medical and Surgical Journal.



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LORD LISTER ON VIVISECTION.—“There are people who entertain exaggerated views regarding the work that is accomplished at such laboratories. There are people who do not object to eating a mutton-chop, people who do not object to shooting a pheasant with the considerable chance that it may be only wounded and may have to die after lingering in pain, unable to obtain its proper nutriment, and yet who consider it something monstrous to introduce under the skin of a guinea-pig a little inoculation of some microbe to ascertain its action. Those seem to me to be most inconsistent views. With regard to all matters in which we are concerned in this world, everything depends on the motive. A murderer may cut a man's throat to kill him; any one of you medical students may have to cut a man's throat to save his life. The father who chastises his son for the sake of the good of his morals is a most humane man; a father who should beat his son for the mere sake of inflicting pain upon him would be an inhuman monster. And so it is with the necessary experiments upon lower animals. If they were made, as some people seem to assume, for the mere sport of the thing, they would be indeed to be deprecated and decried; but if they are made with the wholly noble object of not only increasing human knowledge, but also diminishing human suffering, then I hold that such investigations are deserving of a'l praise. Those little know, who lightly speak on these matters, how much self-denial is required in the prosecution of such researches when they are conducted, as indeed they always are, so far as I am aware, with the object of establishing new truth. The exercise of a little charity might lead those who speak of us as inhuman to reflect that possibly we are as humane as themselves. The profession to which I have the great honor to belong is, I firmly believe, on the average, the most humane of all professions. The medical student may be sometimes a rough diamond; but when he comes to have personal charge of patients, and to have the life and health of fellow-creatures depending on his individual care, he becomes a changed man, and from that day forth his life becomes a constant exercise of beneficence. With that beneficence there is associated benevolence, and in that practical way our profession becomes the most benevolent of all. If our detractors knew this, common-sense would enable them to see that our profession would not be unanimously in favor of these researches if they were the iniquitous things which they are sometimes represented to be.”

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COMMON SENSE DOCTOR.—When the doctor is away from home and some member of the family falls ill, some one else must be called in to treat the patient. Then does the absent doctor realize acutely what sort of a man a physician should be, what he should know and what he should do. Every case of acute illness is an emergency case. It requires rapid and courageous action. The doctor must have common sense, judgment, experience, and a certain amount of imagination in order to picture to himself existing pathology. Having detected the trouble, he must have exact knowledge of drugs in order to repair this damage. Important as hygiene is, it can do but little for the actually sick. Its influence is too mild and too slow. We must have *medicines* which will produce a prompt and profound effect. And the conscientious man has taken pains to make himself thoroughly familiar with his tools of trade. He knows the smell, taste and appearance of every drug he uses. He knows the difference between a good and bad preparation, the value of standard strength. He believes in the elegant preparations of latter-day chemistry because they are less trying to irritable stomachs and more readily taken by patients. This common sense doctor keeps up with the progress of therapeutics. When we see a new preparation highly recommended, or an old, half-forgotten one strongly endorsed, he deems it his duty to send for a sample and test it in the crucible of his own experience. He has much self-confidence and self-reliance, this favorite doctor of ours, and these two qualities, with his progressive and energetic character, have made him the successful man he is. He also keeps an eye upon his druggist. He knows that a percentage of them have betrayed the medical profession, and the common sense doctor is ever on the alert to see that he is not injured in a similar way. How safe we feel in the hands of such a man! Calm and collected, yet cheery and hopeful, the springs of human sympathy ever welling from the heart to the lips, his steady eye pierces the veil of flesh and spots the offending organ. He does not discourse learnedly about its histology and morbid anatomy, the patient cares nothing about that; but he does know how to relieve and restore it to a normal condition. He practises with accuracy and precision because his knowledge of therapeutics keeps pace with his knowledge of disease.—*Medical Brief.*

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NECESSITY OF USING PURE DRUGS.—It would seem almost unnecessary to call attention in this journal to the necessity for the physician who prescribes his own medicines, or who permits the pharmacist to dispense them for him, to use the purest and best medicinal agents which the drug market can possibly afford; yet we have recently come in contact with a number of instances where physicians or pharmacists, with a false idea of economy and business foresight, purposely purchased low-grade crude drugs, or medicinal preparations, thinking that thereby they would be pecuniary, if not moral gainers. To us such an attempt seems to be a manifestation of the most shortsighted policy. The physician's reputation depends very largely, if not entirely, upon the success which he has in the treatment of patients who come to him for his skill, and in many instances this skill in diagnosis and therapeutics is entirely counteracted by an impure or worthless drug. The use of such preparations by the physician can be summarized in a few words: Poor results bring a poor reputation; and poor reputation brings little money.—*Therapeutic Gazette.*

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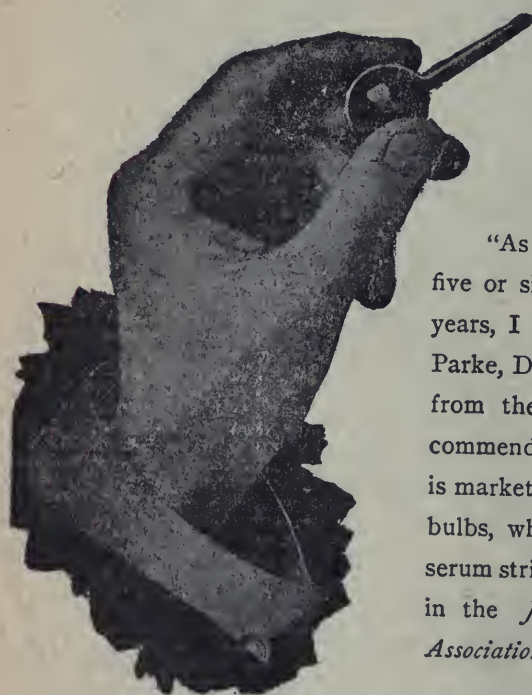
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Vol. VI.

NOVEMBER, 1897.

No. 5.

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The BERLINER KLINISCHE WOCHENSCHRIFT, 22nd March, 1897, publishes a Report upon some experiments that have been made under the direction of PROFESSOR GERHARDT, in his Clinic at the Charité Hospital at BERLIN, demonstrating the value of APENTA WATER in the treatment of obesity and its influence on change of tissue.

SOLE EXPORTERS

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Materia Medica and Therapeutics.

PHTHISIS AND ITS TREATMENT.

PHTHISIS is pre-eminently a wasting disease, and by exalting failing nutrition, cod liver oil being little more than a given food, a great advance was made in therapeutics. It has been found, however, that the oil does not in many cases meet the indications; for not only is nourishment needed, but the digestive power is so reduced that but little use is made of the food taken. Hence a demand both for nutritious material and also for something which will aid food suitable for assimilation. The clinical starting-point in the history of the greater number of cases of phthisis is malnutrition, and when that is guarded against much is accomplished.

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In practice this hypothesis is sustained. A female patient in St. Luke's Hospital, aged 35, with phthisis, signs of deposit in left upper lobe, losing flesh for six months, poor appetite and night sweats, was put upon Maltine. Within a few weeks her weight was increased to 121 pounds, she ate well, no night sweats, and the evidences of local disease were much less marked.

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These instances are sufficient for illustration, and are *duplicated many times in the experience of physicians everywhere.* There is a universal reluctance always to testify to results from medicinal preparations, but when, as in this case, the composition is fully known, and the profession invited to investigate the manner of preparing it, there is no reason why the remedy should not receive general approbation, provided it be worthy.—*Quarterly Epitome of Practical Medicine and Surgery.*

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Vol. VI.

TORONTO, NOVEMBER, 1897.

No. 5

Original Communications.

Introductory Address to the Nurses in Training at the Western Hospital.

By DR. PRICE-BROWN.

President of the Staff; Laryngologist to the Hospital.

[ABSTRACT.]

LADIES,—In delivering to you the opening lecture for the session of 1897-8, I do not think we can better occupy our minds than by considering together a few of the main features of the history of the noble and self-sacrificing profession upon which you have entered. These two terms are not meaningless expressions of eulogy. They are simply words embodying truth in the highest form. What can be more noble than the kind, untiring, and assiduous attention which the true nurse gives to the diseased and dying; what more self-sacrificing than the nightly vigils, spent week in and week out, in alleviating the sufferings and ministering to the wants of men and women racked by pain, and sick both in head and heart? But trained nursing as a profession, with all its far-reaching possibilities, is

only an embodiment of recent years. In 1798, ninety-nine years ago, there was a vigorous attempt made, but it was only a spasmodic one. Dr. Valentine Seaman gave a course of regular instructions to the nurses of New York Hospital; and under his portrait which adorns its walls we find the words: "In 1798 he organized in New York Hospital the first regular training school for nurses, from which other schools have since been established, extending their blessings throughout the community."

Perhaps the most notable effort in the early decades, was that of the young German clergyman, Pastor Fleidner, in the year 1822. The parish to which he was appointed was very poor; and he had only been inducted a few weeks when his church was sold over his head for the debt of one of its members. But his German pluck and energy kept him to the front. He travelled on foot through Belgium, the Rhine provinces and England, to solicit money with which to buy back his church. Not only did he succeed, but he also accomplished another object which was very near to his heart. While on his long journey he made a special study of asylum and prison and hospital management, to carry back to his home at Kaiserworth. When he arrived there he had not only the gold he required to redeem his church, but he brought back also an intimate knowledge of the best methods known up to that date to alleviate human suffering.

In 1833, in a bright little summer-house in his garden, Pastor Fleidner founded the first regular nurses' training-school in the world. Two women at first agreed to devote their lives to the new profession; but the work went on; and in 1836 a new building had to be provided to meet the growing need.

In 1886, when the semi-centennial was celebrated, there were sixty such buildings and six thousand women, owing their allegiance and inspiration to the little school founded fifty years before at Kaiserworth.

Turning to Britain, let us remember that all that has been done, to impress upon the minds of the public the necessity and value of thorough nursing, has been accomplished during the Victorian era. It is only during the reign of our beloved Queen that schools for the education and training of nurses have been established; and it is only during her reign that nursing has been lifted out of the invidious position that it had always occupied, and elevated to the dignity of a true profession.

The origin of the first training school in England is well worthy of remembering; and it will ever be associated with the name of that queen of women, Florence Nightingale.

In 1851, inspired by the desire to do all that she could for the relief of sickness and suffering, she went to Kaiserworth to learn of Parson Fleidner. The sufferings of the soldiers at the Crimea touched her heart. She asked for volunteers to go with her to take care of the sick and wounded; and a hundred women volunteered. This formed the first corps of nurses ever sent to the battle field to take charge of the sick and wounded. How nobly those women worked, how bravely they endured hardships, and with what self-sacrifice they cared for the wounded and dying soldiers is written on the page of history.

When Florence Nightingale returned from the Crimea, the English people subscribed £50,000 as a testimonial for her benefit. Many of you have, no doubt, read of what she did with it. Instead of devoting the money to her own personal use she founded, in connection with St. Thomas' Hospital, the first training school for nurses in England.

After that the march onward, under the direct inspiration of this talented lady, was rapid. She had many brilliant pupils, and none more so than Mrs. Dacre Craven, who devoted herself largely to ascertaining how far nursing and instruction, in the art of general care for the sick, could be carried out in the homes of the poor. As the result of the investigations of a committee, to which she acted as secretary, the "Metropolitan and National Nursing Association" was formed in 1875. The object aimed at was to provide trained nurses for the poor. The Duke of Westminster was appointed chairman. At the first meeting a very important resolution was adopted—a resolution which has been far reaching in its effects—at least over all English-speaking communities; this was upon the recommendation of Mrs. Craven herself, namely, *To recruit the nurses entirely from the class known as gentlewomen.*

This looks like an arbitrary regulation; but when you examine it closely, its reasonableness and wisdom will be apparent to all. The reasons are these:

1. In nursing the poor in their own homes, nurses were placed in positions of greater responsibility in carrying out the doctors' orders than in hospitals.

2. That women of education would be more capable of exercising such responsibility.

3. That the vocation would attract a large number of ladies anxious for some independent employment.

4. That they would naturally have a greater influence over the patients.

5. That their social position would tend to raise the whole body of professional nurses to a higher plane in the consideration of the public.

Turning from Europe to America, it is recorded that in spite of the tremendous necessity for the services of trained nurses during the civil war of the United States, there were at the time practically none to be found in the country. Dr. Worcester, in a lecture to the graduate class at Hartford, 1894, says that it was not until 1872 that the first class in New England was started. Then almost simultaneously in New York, Philadelphia, Boston and other eastern cities training schools for nurses were established. From that time forward the immense improvement in the sanitation, comfort and progress of the patients who were fortunate enough to be guided through attacks of severe and dangerous illness, by the deft hands and trained minds of efficient nurses, was so great, that training schools connected with almost every hospital through the length and breadth of the land were soon established. Now, in the United States and Canada combined, hundred of graduates are turned out every year. From these facts one might imagine that even at the present time there may be danger of over production. But this is not the case, nor is it likely to be for many years to come. Two years ago in the United States there were only 5,000 graduates in nursing—all told—or one to every 15,000 people; and in Canada the proportion would be even less at that time. There is still room and will be; but the graduated nurses, like the graduates in medicine, when the larger centres become occupied, will, no doubt, with becoming grace, betake themselves to newer fields to carry comfort and blessing to the backwoods and prairies and mines of this great country of ours.

With regard to the comparative training afforded by the English and United States schools, it is acknowledged by American writers that in England and some parts of Europe the training on the whole is more advanced. This is largely due to the fact that training in England extends over three years, while in the United States, in most of the hospitals, the period is two years. This term in several of the more important hospitals has recently been extended to three. In Canada the English system is being adopted, and the best hospitals now insist upon a three year's course.

In one other point the English nurse has the advantage, largely owing to old time usages, conservative habits, and greater wealth of the older land. A closer relationship is kept up between the graduate and her *Alma Mater* in after life there than here. When the English nurse tires out and becomes ill she is again cared for, and when worn out by professional work, can avail herself of the Pension Fund for Nurses. In our newer land, with its proverbial push and bustle incidental to our rapid development, radical changes come quickly,

while the conservative forces of our nation are swept aside. Still the time may come, even in these respects, when the trained nurse of Canada or the United States may take the lead of her sister across the seas.

The details of the government of the schools vary very much. In most of the older ones the governments of the hospital and the training school are placed under different organizations. In the more modern ones the school is controlled by the same management as the hospital. The latter method, as you know, is the one established here in our Western Hospital.

At Waltham, Mass., there is a unique training school, and it appears to prove that, although an hospital is exceedingly valuable to a school, yet it is not absolutely essential. This one was founded in 1885, and the training that the nurses receive is from the physicians and head nurse, by the bedsides of poor patients in their own homes. District nursing is done by several schools—there are one or two of them in this city—the nurses being sent out to wait upon the poor, who, for various reasons, are unable to be sent to the hospitals. Not only is this an excellent charity, but it also teaches the poor the principles of cleanliness and ventilation as well as economy.

The Illinois school was about the first in the United States to provide nurses at greatly reduced rates to the outside poor, who were able to pay little or nothing in the way of remuneration. This was done largely through the generosity of one man who provided the means by which this might be accomplished without actual loss.

At Hampton, Virginia, in connection with the Dixie Hospital—an exceedingly appropriate name under the circumstances—a training school for educated colored women has been opened to give them an opportunity to work among their own people in the South.

Then, in the large centres clubs and associations for nurses have been formed. Those on this side the Atlantic have been copied from sister associations in England. The Guild of St. Barnabas is probably the leading one in the Republic to the south of us. To use its own language, the object of this Guild is "To assist its members in realizing the greatness of their calling, and in maintaining a high standard of Christian life and work." In the larger cities there are branches of this organization, and it numbers now nearly one thousand members. The prototype of this, though on a larger scale, is the Royal British Nurses' Association in England, under the efficient Presidency of Princess Christian of Schleswig-Holstein. It already has over two thousand trained nurses upon its register. The association exercises the disciplinary power of erasing the names of

any who, after registration, may prove to be unworthy by reason of inefficiency or misconduct.

Since the formation of the Royal British Nurses' Association another organization has been formed in affiliation with it. This is a volunteer reserve force of three years' trained nurses for army service in time of war. They receive special instructions in military ambulance work, and stand in readiness for the requirements of State upon seven days' notice. When in active service these nurses receive the same pay and are entitled to the same distinctions as the permanent members of the army nursing department.

Training schools for nurses are practical institutions. There is nothing sentimental about them, except the sentiment that relates to kindness and trustfulness and duty. They aim to receive educated women, who are at least fairly intellectual; and the more they possess of these mental attributes the higher will they be likely to rise in their profession. Nurses should be strong mentally as well as physically; and should morally recognize the sacredness of the work in which they are engaged. All training schools worthy of the name require of their pupils loyalty and obedience to the physician in charge. They must faithfully carry out all directions given to them and, in the absence of the physician, watch over the welfare of the patient. It is the nurse's duty to take the pulse and temperature, and count the respirations, and regulate the sanitary condition of the room, and to report any change of any importance on the earliest opportunity.

By night as well as day must the efficient nurse ever be on the alert. She must have presence of mind to meet emergencies as they arise, she must abound in tact and patience and be unswerving in her efforts for the patient's comfort; and withal, be kind and sympathetic, adapting herself to the varying necessities of the sick room.

These were the preliminary rules laid down by the management of Johns Hopkins Hospital, Baltimore, on the foundation of its school for the training of nurses. And with all the advancement and improvement since then, are equally applicable to-day. Perhaps they are emphasized by the picture of the Ideal Nurse, as sketched by Dr. Frances Stuart, one of the most noted lady physicians of the east:

"1. The ideal nurse magnifies her office. She goes to the sick and suffering to give aid and comfort by ministering. Her training has done more for her than to teach her to take the temperature, count the pulse, and make a record for the doctor. She has learned more than how to make the bed, what to get ready for, and what to do during an operation. She knows more than how to prepare and daintily serve the food. She knows the effect of quietness in the sick-

room. She has a sense of the value of pure air, of cleanliness and of the right adjustment of light in the room. She has learned that perfumes do not make sweetness, that much talk does not make cheerfulness, and that bustle and hurry do not convey the sense of strength and capacity. But over and above these externals, she recognizes that in the field of her work there is the constant need, as well as opportunity, for the exercise of the best qualities of mind and heart and the culture of the finest sensibilities.

"2. The ideal nurse forgets herself as she magnifies her office. She does not think of what she does, except as it contributes to the comfort and welfare of her patient. She never questions whether this or that is part of her duty. All things belong to her office which give comfort, rest or strength to the invalid. No disturbance ever comes to the household machinery by her demands upon others. And as she never thinks of herself, she makes all the members of the household feel that all things must be subordinate to the well-being of the patient.

"3. The ideal nurse is sympathetic. Sympathy is a quality of the heart. It is a feeling, not an expression of words. A look, a turn of the pillow, a hush of speech, convey sympathy to the patient. No word need even be spoken. Often no word ought to be spoken as an expression of sympathy. But the feeble child, tossing uneasily on its pillow, or the once rugged man, will gain comfort and give their confidence to the nurse in whom they instinctively discern the power of sympathy. If one has it ever so little, let it be cultivated. If it is a gift in rich abundance, cherish it, for it is one of the choicest qualities.

"4. The ideal nurse adapts herself to each case she waits upon. No two cases are alike. One household and its atmosphere differs from every other. It is a rare gift for a nurse to be able to go into a house, and so accurately to gauge it that in a few hours she will feel at home in it, and will make others feel that she belongs there. Her ministry to the sick makes all the home circle feel that the loved one is cared for by a skilful, gentle friend. She asks no question that can cast a shadow over any heart because in the home some comfort, some dainty is wanting. The power of adaptation is one of great value. She must make use of what is at hand, and her success in many cases depends upon the completeness with which she can do it.

. The ideal nurse has learned to make use of the simplest means to carry on her work. Some of the greatest surgical operations have been done with the fewest and simplest instruments. The ideal nurse also does her work without a great armamentarium. If she had many tools, which she made much of, the patient and friends would

condemn them because they, and not the patient, engaged her attention; hence she discards many that she once thought necessary. As the saying is—She makes her head save her shoes.

"6. The ideal nurse does not carry into any house her own sorrows or trials, nor those of any one else that her life has made her familiar with. Her temptations to talk are very great. The long hours and weary days drag heavily sometimes; but one thing is sure, our ideal nurse is fixed in her ideas of right and propriety, and she calmly but firmly, as well as successfully, repels the first onset, by saying that she never talks about her patients or her experience. How quickly she advances in esteem in that household. If the secrets of other houses are locked from curious ears, those of our house will be safe in such a repository, is the comforting reflection which such a declaration calls forth."

But there is another side of the question, that of the patient, which we might briefly glance at. Is the trained nurse really an added blessing; or, is she a being to be dreaded in the progress of our rushing civilization? We are all vain fellows anyway! Men are as bad as women; and as I am addressing an audience of ladies to-night, I might say they are even worse. No man likes to look like a scarecrow, with a rough chin, hollow cheek, and haggard face; but while in this condition, he is handed over to the tender mercies of a woman in grey or blue, who, with a quiet smile, but firm lip and silent tongue, tells him by her actions, as she glides about the room, that it is all up with him; and that for the time being she is his master. So far as she is concerned, he is in swaddling clothes again—a great big helpless infant; and what with the baths, and the sponging, and the temperature taking, and the feeding, and the medicine giving, and all the other attentions incidental to wise and judicious nursing—he is ready to cry out in the language of Job of old: "Are not my days few? Let me alone, that I may take comfort a little."

Dr. Osler, in his address to the training school of Johns Hopkins in June last, eloquently described the condition of things from the patient's standpoint. He said that for generations it had been the sick man's privilege, vested in deep-seated animal instinct: "To turn his face to the wall, to sicken in peace; and if he wished, to die unmolested. All this the trained nurse has, alas! made impossible. And more, too, the tender mother, the loving wife, the devoted sister, the faithful friend, and the old servant who ministered to his wants, and carried out the doctor's instructions, so far as they were consistent with the sick man's wishes—all, all are gone, these old familiar faces; and now you reign, and what is worse, have added a domestic

complication of which our fathers knew nothing. You nurses are intruders, innovators, and usurpers, dislocating, as you do, from their tenderest and most loving duties, these mothers, wives and sisters. Seriously, you little reck the pangs which your advent may cause. The handing over to a stranger the care of a life precious beyond all computation may be one of the greatest earthly trials. Not a little of all that is most sacred is sacrificed to your greater skill and methodical ways."

From this you can see how great is the responsibility that is laid upon the shoulders of the nurse, especially in private practice; and what a combination of sympathetic kindness, firmness, and discrimination, as well as professional skill, she requires to perform her duties to her own satisfaction, as well as the satisfaction of those upon whom she waits.

There is an unwritten law among the medical fraternity, based upon part of the Hippocratic oath, enjoining professional secrecy as to all things seen and heard while in attendance upon the sick. By right this is just as binding upon the nurse as upon the physician. In pursuance of this idea Professor Osler would imprint upon the nurses' tablets the two invaluable maxims: First, "I will keep my mouth as with a bridle," and second, "If thou hast heard a word let it die with thee."

There is one other point that I have not as yet touched upon, but which it is important that you should know, and of which it is only right that I should speak, and that is the disappointments which you may naturally meet with in pursuing your professional career. When a young graduate in medicine—and you know that they appear above the horizon by hundreds—first commences to look for a practice, he does not know where in the world to find it. Every city and town in the country seems to be fully occupied, and even in the back country districts it is difficult for him to obtain a substantial footing. It is not so bad with the nurses numerically, but it affects them as much, perhaps, but in a different way. People have been accustomed all their lives to employ a doctor when needed, but not so with a trained nurse. This is an added expenditure, and the people require to be educated up to it, particularly when their circumstances are poor. The full impression which the nurse can make upon the community can only be accomplished by slow degrees. She must have patience, and when opportunity offers do her work well, no matter what untoward circumstances may surround it. She will soon gain appreciation. One case will secure another, and by and by her career will be established. Another thing, I do not think it a wise policy for

graduates in nursing, any more than graduates in medicine, to stick rigidly to the cities. There is just as good work to be found in our towns, and probably better opportunities for speedy success. The fees may not be quite so large, but the expenses will be lower, and the healthy atmosphere of the urban or rural life is worth something in itself.

One other thought ; I do not know what special or binding regulations nurses make among themselves, but it seems to me it would redound to their credit and raise them inestimably in the estimation of thoughtful people, if they followed from choice the plan that the young doctors throughout the country do, from necessity ; and the old doctors, too, perhaps from kindness of heart. I mean that when occasions arise, and humanity demands it, they would attend the deserving poor without hope of fee or reward. It would be better to do it from unselfish motives ; but even if for selfish, and heaven forbid that I should call our nurses selfish people, it would pay you in the end. The poor tell the rich, and the bread cast upon the waters will be sure to return.

I hope I have not, in my necessarily discursive remarks, presented too dark a picture or discouraged any of you in your ardor for your high profession. It is in truth one of the noblest, and is entered into heart and soul by many of the brightest and best women in all civilized lands. The amount of benefit you can bestow upon others is untold. The seeds of human kindness which draw all hearts together you may throw broadcast on every hand, and numbers of men and women, as the years go by, may rise from their sick beds, filled with gratitude for what you have done for them.

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Toronto, October 14th, 1897.

Notes on Methods and Results in the Burnside Lying-in Hospital, Connected with the Toronto General Hospital, Toronto.*

BY DR. ADAM H. WRIGHT.

THE Burnside Lying-in Hospital was amalgamated with the Toronto General Hospital in 1877. The new building erected on the grounds of the General Hospital is entirely isolated, and was opened for the reception of patients October 1st, 1878. It contains twenty-two "public" and four "private" beds. In addition there are rooms for medical assistants, nurses, servants, a waiting room for students, sitting rooms, dining rooms, kitchen and pantries, store rooms etc., all under one roof. The mortality rate was high before the amalgamation took place and became considerably less after the erection of the new building.

In giving some notes as to results I will deal with the records of the last eight and a half years, and in the first place will refer especially to septicæmia. Since October 1st, 1888, we have had 1,250 deliveries, with five deaths from septicæmia; that is, 4 per cent. I do not consider this satisfactory, but I am glad to be able to say that our results are improving, practically, from year to year. The Burnside is a part of the General Hospital, and there is to some extent constant intercommunication between the lying-in department and other portions of the hospital. The head nurse resides in the Burnside, and has sole charge as far as the nursing is concerned. Miss MacKellar has been the head nurse or matron during the period referred to, and her intelligent appreciation and conception of the virtues of practical asepsis and anti-sepsis have had much to do with the good features of our results. Our nurses are trained in the Hospital Training School, under the superintendence of Miss M. A. Snively, who is well known as one of the best superintendents of training schools on this continent. The nurses, after they come into the Burnside, are under the control of the matron, who is the most skilful midwife and the best teacher of aseptic and anti-septic nursing in midwifery that I have ever met. I consider that our nurses and our nursing are as nearly perfect as possible.

We have, however, one weak spot in our system. The resident assistants have charge of all normal deliveries. Of these there are

* Read at a meeting of the British Medical Association, and published October 23rd.

eight appointed annually to the General Hospital, and each of these takes his turn at the Burnside for the short term of six weeks. They are carefully chosen by the hospital authorities, who consult the professors of the two medical colleges, and are generally the best men in our graduating classes. As a general rule they give eminent satisfaction in the lying-in department; but occasionally we get a bumptious or careless assistant who causes trouble. The doubtful methods of such a one sometimes causes great anxiety to the matron and the members of our staff. In all our efforts to keep things right we have the active co-operation of our able and energetic superintendent of the General Hospital, Dr. Charles O'Reilly. When anything abnormal arises before, during, or after labor, a member of the visiting staff is summoned.

I will divide the eight and a half years (which I have taken because they include Miss MacKellar's term of residence, and the period I know most about in the history of the institution) into three portions, and will give the general result as follows :

Years.	Deliveries.	Mortality.		Per cent.	
		Total.	From sepsis.	Total.	From sepsis.
1888 to 1891	519	5	3	0.96	0.58
1891 to 1893	240	3	2	1.25	0.83
1893 to 1897	500	0	0	0	0
Total.....	1,259	8	5	0.74	0.47

Without going too much into details, I may say that during this whole period we have adopted the ordinary precautions as to cleanliness, and have depended chiefly on the bichloride of mercury as an antiseptic. In 1891 we were not satisfied with our results, and considered it advisable to formulate certain rules, which were placed on the walls of the labor and wash-rooms. These rules were taken largely from those of Leopold and certain obstetricians in Great Britain and the United States, and are as follows :

Before vaginal examination.—Wash hands four minutes in hot water, using soap and nail brush; clean nails with a penknife; wash hands two minutes in hot bichloride solution, 1 in 2,000, using nail brush; immerse hands in hot bichloride solution, 1 in 1,000, immediately before making an examination; use carbolyzed vaseline for lubricant when required (generally not used).

We use an ordinary minute-glass, such as is found in a kitchen for cooking eggs. Our glass is attached to the wall near the delivery bed. It is reversible, and takes six minutes to empty from one side to the

other. There are on the glass notches to indicate three and four minutes. At the same time the accoucheur has taken off his ordinary coat and put on a clean white apron. Our best apron is one that goes around the body, with sleeves which goes to the elbows. Both hands and forearms are bare.

Instruments.—Forceps, etc. Keep in boiling solution of carbonate of soda, 1 per cent., for ten minutes before and after using. Glass or rubber catheter: Pass half a pint of water solution of carbonate of soda through the catheter after using, and then place it in a bichloride solution, 1:1000.

Vulva.—After labor wash the vulva with warm soda solution, then use a bichloride solution; then apply freely a powder composed of boric acid and acetanilid; then cover vulva with a thin layer of absorbent cotton which has been taken from the bichloride solution, and place over this a sterilized absorbent pad.

The patient has been prepared for the delivery table by the matron or nurse, in accordance with the fixed rules, which, however, are not printed. During labor the vulva is covered with a bichloride pad.

The printed rules and the homely cooking minute-glass were not popular at first. The resident assistants sometimes ignored them, or obeyed the directions in a half-hearted way. I consider the two years, from 1891 to 1893, as the transitional period during which the rules did little or no good. The results were certainly discouraging, as we had a death from septicæmia in each of those years. Since November, 1893, our results have been better, as we have had five hundred deliveries without a death from any cause. Excepting in two cases, to which I will refer again, the patients have gone out well, so far as they can be at that time. In no single instance since November, 1893, has a patient, transferred to another part of the hospital, died from pneumonia or any such disease. It happens that most of those women who died during the nine years were transferred to the General Hospital during illness, but these deaths are included in this record.

Before giving any further particulars as to mortality or morbidity I desire to refer to certain details relating to matters which have given us much anxious thought. In my private practice I have not used the vaginal douche either before, during, or after labor, as routine practice for fifteen years. When I first commenced work at the Burnside eleven years ago, I found certain members of our staff using the vaginal or uterine douche to a considerable extent. This has gradually become less common until it has almost gone out of fashion.

For some time a vaginal douche was given immediately before and after labor, and an intrauterine douche was given when the temperature went up. During the last two years no douche has been given either before or after labor unless there seemed to be some special indication for it. When there is evidence of a foul condition of the interior of the uterus causing sapræmia, or something worse, the intrauterine douche is sometimes used. The "rinsing" curette with the douche is employed occasionally. My own preference is to have the patient anæsthetized, introduce my hand into the vagina, clean out the interior of the uterus with my finger tips, and then wash out with a 1 per cent. solution of creolin.

Forceps.—We discourage the use of the forceps. No resident assistant is allowed to apply the forceps without permission of the medical superintendent or a member of the visiting staff. We have a forceps delivery about once in twenty cases. The patient is generally placed on her back and delivery accomplished by the resident assistant. The forceps used is either the Elliott or the Simpson axis traction. Chloroform or ether is sometimes administered.

Catheter.—Catheterisation is considered an evil. The nurse is expected to get along without it. We want no catheter epidemics. We have had no cases of cystitis due to the use of the catheter in 1,250 cases recorded. The catheter is used about once in fifty cases (not including catheterising before operative procedures or in cases of eclampsia). The bed pan is in certain cases placed under the patient and left there for some time, the nurse going to another part of the ward. It frequently happens that the patient is unable to micturate while the nurse is watching her, but does so after she is left alone. The last resource is to administer a copious enema, after which the urine generally comes while the bowels are being evacuated.

Third step of labor.—The placenta is generally expressed by the modified Crédé, or what is commonly known here as the Dublin method. The uterus is watched for fifteen minutes with the left hand over the fundus. Efforts are then made to squeeze the placenta out by grasping the fundus with thumb and fingers of one hand, or sometimes with two hands. This, I think, can generally be better accomplished with the patient on her back. If the placenta cannot be expelled in thirty to forty-five minutes the hand is introduced into the vagina or uterus and the placenta is extracted. The operator is again expected to thoroughly cleanse his hand before such introduction. In the cases under my care a douche is not administered after such procedure unless some bad symptoms appear.

Care of the breasts.—In the whole number of cases reported we

have had only one instance of mastitis with suppuration ; and in this patient it was thought that mastitis existed before labor. The nipples are carefully watched, and if they become sore are washed after the child nurses with a carbolic solution, 1-30, after which the following is applied, as recommended first, I think, by Hirst, of Philadelphia : Castor oil and bismuth subnitrate, equal parts. If the breasts become uncomfortable or painful from distention a binder is carefully applied. We use what is generally known in New York as the "Murphy binder," or the Snively modification of the same. We are now introducing the Y-bandage (Boston Lying-in Hospital), which I have found in private practice to answer very well in certain cases. Where we wish to prevent the secretion of milk, as, for instance, when the babe is still-born, we depend entirely on the Murphy binder, which is applied rather tightly, generally the day following labor.

We are pleased with our record of the last 500 deliveries without a death (the exact number at the time of writing is 505), but not altogether satisfied. We had among these six patients that "went wrong." Five had probably septicæmia. Of these one had a severe attack of phlegmasia alba dolens; another had pneumonia followed by phlegmasia dolens ; two had mild attacks of phlegmasia dolens ; one had ordinary septicæmia, which was not sufficiently severe at any time to cause much anxiety ; the sixth patient had high temperature and rapid pulse, commencing the fourth day and lasting about four days, when somewhat suddenly the temperature and pulse became normal, and the patient went out well in fourteen days after labor. The case caused great alarm, and the rapid change for the better was to us as unexpected as it was satisfactory. Four of these patients were quite well when they left the Burnside ; two of those who had phlegmasia dolens were to some extent crippled when they left us. These are the two to whom I have previously referred.

We have adopted the rule observed by others of calling all cases normal when the temperature does not exceed 100°—that is, we consider a case abnormal when the temperature has once reached 100.1°, although it has been quite right in all other respects. Our results from this point of view are not altogether satisfactory. The following table will show the proportion of normal and abnormal cases in the last 500 cases :

1893-4.—Normal, 65 per cent.; abnormal, 35 per cent.

1894-5.—Normal, 69 per cent.; abnormal, 31 per cent.

1895-6.—Normal, 75 per cent.; abnormal, 25 per cent.

1896-7. (portion of year).—Normal, 73 per cent.; abnormal, 27 per cent.

In the last portion of a year we had chiefly the winter months, November to May. This will probably account for the slightly increased morbidity in 1896-7 as compared with 1895-6. The relation between winter and summer is about 30 to 20 per cent. in morbidity rate. Our best results thus far have been 20 per cent. abnormal cases in the summer months. In view of the fact that a morbidity of only 6 per cent. has been reported by Merriman, our showing is in this respect not satisfactory. We find that very trifling causes will produce in certain cases elevations of temperature, which are generally only temporary, and not followed by any bad results.

Apart from septicæmia and some slight ailments, the chief abnormal condition have been albuminuria and eclampsia. In patients waiting for labor the urine is examined regularly at certain intervals, but especially if symptoms appear, such as headache, dropsy, etc. When albumen is found the nurse at once places the patient under our routine treatment. Epsom salts is given every hour, a tablespoonful for three or four doses, and then a dessert-spoonful until the bowels are freely moved, and thereafter the administration of the salts is continued in quantities sufficient to produce from four to twelve watery motions in twenty-four hours. In making further remarks on the treatment of albuminuria and eclampsia I will have to speak for myself alone, because I am not sure that my colleagues will agree with all my views. It also happens that I have had charge of all the cases of this class for the last nine years.

I do not believe, with Charpentier and a number of others, that an "exclusive milk diet is the preventive treatment *par excellence* of eclampsia," nor do I think that tincture of perchloride of iron is a good medicine in the majority of such cases. A modified milk diet, such as I have prescribed for several years, includes the following: Milk, buttermilk, koumiss, plain water in abundance, white fish, bread and butter, rice, tapioca, and the like; greens, such as lettuce, water-cress, etc.; limited amounts of fruit, such as oranges and bananas. My preventive treatment may be described in a few words: Epsom salts administered as I have indicated, modified milk diet, plenty of water, sometimes injections of saline solutions, occasional hot-water baths. The history of the following case will show my general plan of treatment:

April 14th, 1897.—Burnside. I, S., aged eighteen. Primipara, seven months pregnant, Headache in afternoon. Urine heavily loaded with albumen, became nearly solid on heating. Epsom salts and enema administered.

April 15th.—Convulsion in morning. Morph. sulph. gr. $\frac{1}{2}$ admin-

istered hypodermically. Convulsions every hour during day. After second convulsion (11 a.m.), morph. sulph. gr. $\frac{1}{4}$, and tinct. verat. virid. ℥ xx (B.P.) injected. At 2 p.m. morph. gr. $\frac{1}{4}$ and verat. virid. ℥ xv injected. Pulse still rapid. 2.45 p.m.—Venesection by Dr. Graef, the resident physician, 15 oz. 4.50 p.m.—Saline enema, 1 pint, high up. A few doses of Epsom salts during day, but could not swallow after 5 p.m. 6.30 p.m.—Morph. gr. $\frac{1}{4}$ and verat. virid. ℥ x injected. 8 p.m.—Morph. gr. $\frac{1}{4}$ injected. 9.30 p.m.—Os commencing to dilate. 9.30 p.m.—Cervix partially dilated with fingers, version performed, leg brought down, child dead, watched during night.

April 16th.—9 a.m., body delivered. After some delay the after-coming head was delivered with forceps. No convulsion after 9 p.m. April 15th. Unconscious two days, involuntary evacuations from bowels during April 16th and 17th. After version on night of 15th chloral hydrate gr. 45 administered *per rectum* every six hours for two days. Also occasional saline enemata.

April 18th.—Became conscious and able to swallow. Recovered. Left Burnside May 17th.

Urine.—For three days after convulsions commenced did not collect any. We thought a good deal came away with the involuntary evacuations of the bowels. When we could collect it we found albumen, about 50 per cent. at first. It disappeared somewhat rapidly. The albuminous precipitate was composed almost entirely of paraglobulin, with only a small proportion of serum albumen (sometimes apparently none). Amount of urea excreted reduced at one time to nearly one-half the normal amount.

In considering the nature of puerperal eclampsia, I accept the opinion that it is simply a symptom of systemic toxæmia, due to the entrance into the blood from the intestinal tract of a certain poison, the nature of which is somewhat obscure. Whether this poison be carbamic acid, or leucomaines, or some other substance which may be more definitely separated and examined in the future, I know not; but I think it speedily affects the nerve centres and certain organs, such as the liver and kidneys. With these opinions as to causation, I think that washing out the intestinal canal is "the preventive treatment *par excellence* of eclampsia." To accomplish this I have found nothing so effective as the administration of Epsom salts in fairly large quantities for several days, and sometimes weeks. In addition, a few doses of calomel will occasionally assist in getting rid of the poison.

Treatment of convulsions.—In my experience I have found that

morphine administered hypodermically subdues most quickly the excitability of the nerve centres.

I think that chloral hydrate is the best remedy to prevent recurrence of convulsions after they are to some extent brought under control. It is also sometimes useful as a preventive remedy when the symptoms of toxæmia are severe and convulsive seizures are feared, but have not yet appeared. I sometimes combine the two remedies for severe convulsions, giving the morphine hypodermically and the chloral by enema.

Chloroform sometimes has a good effect on the convulsions, but its administration has frequently disappointed me.

I have no doubt that bleeding in properly selected cases has a good effect. Do we neglect it too much in these modern days?

I have had but little experience with veratrum viride, and where I have seen it administered have not been favorably impressed with the results. I will only mention pilocarpin to give it an unqualified condemnation, as I consider it both uncertain and dangerous.

I have not space to discuss the important subject of the induction of abortion or premature labor. I object strongly to the former (except in extreme cases), and I do not hurriedly resort to the latter.

In the five hundred patients to which I have specially referred we had twenty-one cases of toxæmia, with five of eclampsia. We induced premature labor twice, and assisted labor by digital dilatation of the cervix and the use of forceps in three instances.

THE COUNTRY DOCTOR.—Whoever imagines the rural practitioner is necessarily an old fogey, or ignorant of the devices which the hospital-trained city resident has at his command, and acts accordingly, is more than likely to be undeceived in short order. If the country doctor seems a little behind the times in some things, the lack, if such there be, will generally be compensated for by the greater thoroughness with which his knowledge has been digested and assimilated. During the long rides over roads often devoid of anything new to attract attention, he has opportunities for thought which are unrivalled, and he turns a subject over and over, viewing its every aspect in a calm, deliberative spirit day after day, until the facts connected with and bearing upon it are classified, labelled and pigeon-holed, so to speak, accurately, carefully and intelligently, put where they may be found at any moment in a condition ready for immediate use.—*Western Medical Review.*

Society Reports.

Toronto Medical Society.

THE opening meeting of the year was held in the Medical Library, Medical Council Buildings, on Thursday, October 7th, Dr. McMahon in the chair.

Nomination of Members.—Dr. David King Smith, 311 Jarvis St.; Dr. Herbert Bruce, 16 Carlton St.

Eczema.—The cases expected for presentation to the meeting did not appear. Dr. Chambers, however, gave a short history of one of them, a child with marked cornification of the palms of hands and soles of feet. The condition was at first thought to be keratosis, a rare disease. The patient has, however, recovered so far under treatment that it seemed probable that it was a result of eczema and not a keratosis.

Trauma of Urethra.—Dr. Wilson spoke of a man under his care with a history of syphilis two years ago, and of recent connections, wearing, however, a safe. During the act the penis was forcibly twisted, resulting in a deformity in the organ which is still present. About one inch behind the glans there is a distinct bend with drooping down of the glans. Two days' after the injury a urethral discharge appeared. Examination of the pus failed to show gonococci.

Dr. Carveth.—Had he had gonorrhœa previously?

Dr. Wilson.—No.

Dr. McMahon.—Possibly a traumatism urethritis.

Dr. J. F. W. Ross spoke of trauma to the urethra. He cited the case of a boy who fell astride of a wooden box. A small amount of effusion resulted at the seat of injury, and there was retention of urine, catheterization being necessary. Dr. Ross thought this the common condition in these cases, but a discharge from the urethra was not usual.

Syphilis.—Speaking of syphilis, Dr. Chambers gave a case in practice—a man who, two months after infection, presented an erythema of the penis, the rest of the body being clear. Two chancres were present, and later all secondary signs were characteristic. The throat was typical. He thought local treatment with mercury was better for skin lesions than constitutional treatment as given by mouth.

In a case with an erythema of the forehead, inunctions of mercury

dispersed it rapidly, while mercury by mouth seemed to have little effect. In general rashes the rash disappears first from the part where the application is made.

Dr. McMahon upheld the treatment by inunction.

Dr. Rudolph said that it was the routine treatment at Aix la Chapelle.

Dr. Smith spoke of the mouth lesions and their difficulty of treatment locally.

Dr. Chambers thought bichloride of mercury, 1-5000 solu., the best mouth wash in such cases.

Dr. H. H. Oldright—Case—Child six months of age. Second child in the family. Father gives history of syphilis ten years ago. The first child died soon after birth. The present child has had snuffles, yellow skin, and an erythematous rash. Now there is tenderness over one mastoid process. Applications of the biniodide of mercury are being made. Authorities say that ear trouble in syphilis is usually periostial, not tympanic.

At birth two central incisors were already cut. These soon decayed and fell out. Two months later two more appeared; these have also dried up and fallen out. The temperature is now 103° . It is a question as to whether there is not some pus present.

Dr. Wilson suggested incision over the mastoid.

Dr. Oldright.—I have not tried anything as yet. There has been some intestinal trouble which may possibly account for the rise of temperature.

Dr. Parsons—Speaking of multiple primary lesions in syphilis.—I have a case under my care at present which presented two distinct chancres. When first seen there were four excoriations, one large, one the size of one's thumb nail, on the dorsum of the glans and at the junction of the prepuce with the glans, one on either side; and a third below at the junction of the frænum. As the case progressed, that on the left side and that on the glans became characteristically indurated, and the secondary signs are now present. The matter of multiple lesions is of interest, because men are taught by most text books that it is rare.

Another point was recently brought to my notice. In the clinic of Mr. Jonathan Hutchinson, jun., in London, I saw a man whose last exposure was on May 10th. On May 18th the patient was sent to one of the fever hospitals with scarlet fever, where he remained for two and a half or three months. After discharge from the hospital there was no further exposure, and three and a half months after the last coitus, the initial lesion first appeared and the case has gone

through a typical course. This has been noted also after two cases of typhoid fever. French literature contains several such instances.

Dr. McMahon did not think multiple lesions very common. He had seen three cases—one, a girl presented a chancre of the lip and vulva at the same time, perhaps the infection occurred at the same time. Another, a man with four chancres under the foreskin. There was some doubt as to their nature, but later there were rash and other signs. The third was in a man who had a chancre surrounded by three papules. The chancre was on the lower side of the penis, but later another appeared on the dorsum similar to the former.

Dr. Rudolph had seen a case of acute rheumatism, giving a history of syphilis one year ago. The heart was in a very bad condition, dyspnœa marked. With the development of the rheumatism the sores on the penis had broken out again. The sores are indurated.

Dr. Chambers.—Is there any general rash? May not the arthritis be syphilitic?

Anæsthesia.—Dr. J. F. W. Ross then brought up the subject of anæsthesia. He referred to the manner in which ether was being extolled in these days and chloroform denounced. Chloroform, he said, killed on the table, a very distressing thing to happen, and was always open to legal enquiry and coroner's jury, but he preferred it to the way to which ether did its work, by its after effects. The speaker had had an unfortunate experience with ether during the past week. He had removed a cyst of the ovary. It was a very simple operation and of short duration. The patient had taken ether before, and taken it well, so no urinary analysis was made. Squibb's ether was given in a good inhaler and by a competent anæsthetist. After the operation the first voiding of urine amounted to ten ounces, the next eight ounces, and for forty-eight hours all was well. The speaker saw her on third day, then noticed a peculiar appearance of the patient, but the abdomen was flat and wound in good condition. He was summoned to her again within one hour after last visit, as she had taken a bad turn. Dr. McMahon found the heart and lungs negative. The abdomen was also negative. A catheter was passed, and about 3j. of urine was withdrawn. This became almost solid on heating and adding nitric acid. No urine had been voided for twenty-four hours previous to this. The patient was treated vigorously with hot packs, etc., and kept sweating freely. No urine for three days. At the end of three days a little urine was obtained, loaded with albumen. The pulse dropped to sixty or seventy, but there was great weakness, and patient was somnolent and delirious. She died rather suddenly. There were no convulsions.

Dr. Ross said that he had had two deaths on the table from chloroform, and two from suppression of urine after ether.

There was also the chance of bronchitis and broncho-pneumonia after ether.

Dr. Oakley.—Is not the same to be said of chloroform? There are similar cases of suppression of urine after its administration.

Dr. G. B. Smith advised every man to follow his own experience. He had used both ether and chloroform many times. He recommended chloroform apart from the facts of its easier administration and greater pleasantness for the patient.

Dr. Hastings spoke of the careful examination of the urine before either chloroform or ether. He had had an unfortunate experience once with chloroform—a case of acetonæmia. The urine had a specific gravity of 10.20, so he examined for albumen only, afterwards he found a distinct reaction for sugar in the same specimen of urine. Chloroform is bad in such cases, as acetone is found in the urine after the administration of chloroform.

Dr. Ross, replying to Dr. Oakley, said he had had two cases of death from chloroform on the table, but he had never seen any unpleasant after effects as seen in cases after ether.

Dr. Oakley cited a severe case of pneumonia after ether. He had heard of suppression of urine after chloroform.

Dr. McMahon then delivered the Presidential address.

Huron Medical Association.

THE Huron Medical Association met in its regular quarterly meeting in Clinton, October 13th, when the following programme was gone through with :

1. An address on "Nervous Diseases," by Dr. Gunn.
2. The following cases were presented to illustrate the address :
 - (a) Locomotor Ataxia, two cases, exhibited by Dr. Shaw.
 - (b) Amyotrophic Lateral Sclerosis—Dr. Amos.
 - (c) Compression Myelitis (cervical region)—Dr. Gunn.
 - (d) Brachial Neuritis—Dr. Case.
 - (e) Anterior Polio Myelitis—Dr. Mackay.
 - (f) Paraplegia (lumbar region)—Dr. Turnbull.
 - (g) Spastic Paraplegia—(primary, secondary, infantile)—Drs. Gunn and McKenzie.
 - (h) Raynaud's Disease—Dr. Wood.
 - (i) Paralysis Agitans—Dr. Kennedy.
 - (j) Chorea (Huntington)—Dr. Taylor.

Lambton Medical Association.

THE Lambton Medical Association meeting was held in Sarnia on the 13th of October. Dr. James Newell, of Watford, presided.

The Surgical Treatment of Obstruction of the Bowels.—Dr. Hal C. Wyman, of Detroit, read a paper on this subject.

Diphtheria and its Treatment.—Dr. J. P. Chalmers, Oil Springs, took up the above subject.

Hysteria, Its Cause and Treatment.—Dr. J. Dunfield, Petrolea, read a paper on this subject.

Undue Nervous Sensibility.—The President dealt with this topic.

APPALLING STATISTICS OF FREE MEDICAL TREATMENT.—We glean from our exchanges that the average income of New York physicians is only \$1,500 per year. Considering the fact that many physicians in New York have an income of over \$10,000 and others averaging between \$25,000 and \$100,000 a year, there must be a preciously little average left to the large majority. There are 114 dispensaries and 26 hospitals in New York County. In the 26 hospitals in the year 1895, 75,368 patients received free treatment, and in the dispensaries 661,803, making a total of 737,171, nearly 40 per cent. of the whole population, which is 1,851,000. There have been 92,529 free visits of patients to hospitals, and 1,387,170 free visits of patients to dispensaries. In attendance upon the 114 dispensaries in 1895 were 949 physicians, or 27 per cent. of all physicians in the city, numbering 3,430. More than 1,500,000 free visits were made and more than 1,000,000 prescriptions written free of charge. More than one-quarter of all the physicians in New York are engaged in treating the population gratis in *quasi* charity institutions. The heart aches of genteel poverty among many of those engaged in such medical charity practice, so called, it is almost superfluous to mention. The intensified injury done by dispensary abuses in all large cities to those physicians who prefer to do charity in private practice, unostentatiously and honestly, and without resorting to the method of seeking an appointment on the medical staff of some free clinic or hospital, has justly created in medical circles a roaring storm of indignation from the Atlantic to the Pacific Coast.—*Medical Review*.

Editorials.

The Feeding of Diabetic Patients.

EVERY one who has had the task laid upon him of regulating the diet of an unfortunate diabetic will at once admit that his skill and tact were taxed to the utmost. What may seem right on scientific grounds is often very difficult to carry out in actual practice. Such, indeed, is the key-note of the address of Dr. Saundby at the British Medical Association, and of the eminent gentlemen who took part in its discussion, such as Drs. Sydney Coupland, Sherrington Smith, E. Duncan, Tyson, Jacobi, Lindsay and Stephen McKenzie.

Dr. Saundby dealt with the notion, far too prevalent, that sugar can be eliminated from the urine by the removal of carbohydrates from the diet. Both on physiological and clinical grounds this view is erroneous. The conversion of albumen into urea yields carbohydrates in considerable quantity. It is thus a folly to restrict the patient to a meat diet.

There is also much that is wrong in the usual diabetic dietaries. Many articles are forbidden that would do less harm than those that are freely allowed. For example, the potato is put under bans, while gluten bread is allowed without stint.

The first point is to watch closely the weight of the patient, which should be tested once a week. If the weight is maintained or increased, we have the best evidence that the diet is well selected, even though the sugar should continue in considerable quantity in the urine, or show a moderate increase.

Begin by a rather severely restricted diet, as it is easier to make concessions than to impose restrictions. At the first there is often polyuria and great thirst. These symptoms can best be restrained by a strict diet. Along with this a grain or two of the extract of opium should be given at night. By a strict diet is meant one from which starch and sugar are eliminated as far as possible. In place of gluten bread, allow the starchless brown loaf or biscuit. The breakfast is made of fat bacon and eggs, with cabbage and the above bread or biscuits. He is allowed other green vegetables, any animal food, tea and coffee, and two ounces of sugar-free alcohol.

After a week or so of this diet has been determined, a gradual increase in diet may be permitted. Six ounces of potato and a pint

of milk may be added to the daily diet. If this does not increase the glycosuria, then add four or five ounces of dry toast, and a bottle of light wine, such as Bordeaux, or Moselle. If under such a diet there be no return of symptoms, the bread may be doubled.

In those cases where the first restriction of diet did not remove the sugar, but only reduced it from 10,000 or 12,000 grains daily to 2,000 or 3,000 grains, the same routine should be followed by adding the potatoes and milk, and then the other articles, according to the symptoms. If the patient is comfortable and gains in weight, even though there be a slight increase in the sugar, the steps need not be retraced. In such cases it is safer to increase the amount of potato than to allow bread, and many cases of this class have to do without bread altogether.

Too restricted a diet must be guarded against, and especially if there be any albuminuria. There is great danger of inducing acetonaemia on too impoverished a diet. The main feature in the dietetic treatment of diabetes is to begin with a very strict diet, and from time to time make concessions as the condition of the patient will justify. This plan acts better on the disease, is easier on the patient, and calls for fewer compromises on the part of the doctor than any other plan.

Prof. J. H. Richardson's Retirement.

THOSE who had the pleasure of sitting under Dr. Richardson's instructions on Anatomy in the old Toronto School of Medicine will recall with great pleasure the lucid manner in which he made plain the many intricacies of anatomy, both descriptive and surgical.

To a later generation of students he became familiar as the Professor of Anatomy in the Medical Faculty of the University of Toronto, a post which he has continuously filled since 1887, the date when the confederation took place between the University of Toronto and the Toronto School of Medicine.

The readers of the REVIEW will agree with it in making the statement that Prof. Richardson stands alone as an anatomist. His knowledge of the subject, human and comparative, is phenomenal. Never was he known to make a mistake; and in innumerable instances he pointed out to his classes the errors to be found in the best texts of the day upon the subject of anatomy.

But his distinction did not rest with his knowledge of the subject. He was a most agreeable and attractive teacher—always ready to

assist an enquirer and make the difficult task easy. His work, as a scholar and teacher in his subject, cannot be spoken of in any other words than "It was brilliant."

It is a great loss to the University to have him retire while he has still, to all appearance, many years of capacity for work. Those who made a national reputation for the Toronto School of Medicine are fast passing from the scene of action. There are those now on the staff whose resignation would be much more acceptable than that of Dr. Richardson's.

The REVIEW hopes that Prof. Richardson may have many years of health and happiness.

OVER-CROWDING IN THE MEDICAL PROFESSION.—The following remarks taken from the *British Medical Journal* of 9th October, and delivered in Birmingham by Sir Walter Foster, M.P., are of much importance, as they apply so fully to this country: "He was shocked to see the amount of trouble, sorrow, and difficulty, and to a very great extent, poverty, which oppressed many of those in their ranks. He had never known the profession of medicine so over-crowded, the competition so severe, and he had never known so many men of good reputation and good medical acquirements having a desperate struggle to make a livelihood. He wanted to see if they could not find some means of lessening the unfair competition with which they were confronted in the excessive number of patients treated at hospitals—some with their midwifery departments—the competition [of medical aid associations, and other forms of competition which threatened their legitimate interests. In this connection he advocated the raising of the standard of requirements for the preliminary examinations, so that unsuitable men should be prevented over-crowding the profession, and the suppression of various forms of quackery, which not only injured their profession, but were a serious imposition on the public."

IT IS SAID.—Saint-Just, in the *Brief*, gives some very interesting statistics among which as follows: The Medical Association of the Austrian Capital has adopted recently a tariff as follows: Day visit, three gulden or about \$1.20. Evening visit, four gulden or about \$1.60. Night visit (without carriage) six gulden or about \$2.40. Visit at the hour selected by patient, five gulden or about \$2.00. For each extra patient in the same family, one gulden or about forty cents. The visits are to be paid spot cash. If this last regulation can be enforced, the Austrian physicians are certainly very fortunate.—*Med. Fortnightly*.

Book Notices.

The Eye as an Aid in General Diagnosis. A hand-book for the Use of Students and General Practitioners. By E. H. LINNELL, M.D., Philadelphia. The Edwards and Docker Co., 1897.

This somewhat unique little work emphasizes such symptoms as are of direct importance in diagnosis of general diseases. Its facts have been culled from many sources, and will be of use to the careful diagnostician.

Text-Book of Medical and Surgical Gynæcology: For the Use of Students and Practitioners. By R. W. Garrett, M.A., M.D., Professor of Obstetrics and Gynæcology in the Medical Faculty, Queen's University, Kingston; Gynæcologist of the Kingston General Hospital. Containing over one hundred illustrations. Kingston, Ont., 1897. J. A. Carveth & Co., Medical Publishers, Toronto, Canada.

This book of 400 pages is a careful compilation of facts bearing upon the important subject of diseases of women, and is such a work as will at once commend itself to teachers for use in their class. It is by no means elementary; on the contrary, it gives the latest and most approved operative procedure, adopted in difficult situations connected with the organs of the female pelvis. We congratulate the author upon his production, and heartily recommend to the profession of Canada a book written by one of ourselves. The style is simple and easy. The publishers have done their part excellently.

International Clinics. A Quarterly of Clinical Lectures. Vol. II. Seventh series. 1897. Philadelphia: J. B. Lippincott Co.

This volume contains about forty clinical lectures upon varied subjects. It is quite up to its predecessors in excellence. Among so many good articles it is difficult to particularise, but we might mention the following lectures as being well worthy of perusal: "Practical Application of Hydrotherapy," by Simon Baruch. This contains many valuable and original hints upon this subject. "Rodent Ulcer," by Norman Walker. "Intra-ocular Hæmorrhage," by Collins. "Mastoid Operations," by Seth Bishop; besides many others of equal value and interest. In a lecture by Ernest Hermann, of London, on "Puerperal Eclampsia," we cannot agree with his definition. He says: "Eclampsia is convulsions in a pregnant, parturient, or puerperal woman whose

urine is solid with albumen." A great number of observers have noticed that eclampsia may exist without any albumen, and quite a number of such cases have come under our own observation. Again he says: "I know of no reason for thinking that purgation does any good in eclampsia; I think it more likely to do harm." This is at variance with the accepted opinions of the day, and is certainly not borne out by experience. Although the etiology is not established beyond doubt, still the evidence tends towards the theory of the absorption of toxins, and very probably from the fœtus; and we know of no better or more efficient method of elimination at present than through the bowels—a course which has been often adopted with undoubted beneficial results.

About Children: Six Lectures given to the Nurses in the Training School of the Cleveland General Hospital in February, 1896. By Samuel W. Kelley, M.D., Professor of Diseases of Children in the Cleveland College of Physicians and Surgeons (Med. Dept. Ohio Wesleyan Univ.); Pediatricist to the Cleveland General Hospital; Consulting Physician to the Cleveland City Hospital; President, 1896 and 1897, Ohio State Pediatric Society; Editor Cleveland *Medical Gazette*. 180 pages. Price, in buckram, postpaid, \$1.25 net. Cleveland: The *Medical Gazette* Publishing Company, 1897.

In the above we have a very useful book. It is not of the usual stereotyped kind, and therefore is all the more interesting. The six lectures making up this little work were delivered to nurses; but they clearly come from the pen of one who has read much and seen more, and would certainly make profitable reading to many a physician. It would be quite impossible to attempt a digest of the lectures in the short space of a review. If physicians would read more on the broad principles of the healing art and less on diseases, it would have a good effect. This book deals with principles. We recommend it highly.

A WELL-EQUIPPED MEDICAL SCHOOL.—Among the million or more medical colleges in this great country, there is one with thirty-eight professors, twenty-three assistant professors and instructors, and fifty-one students. This gives one professor, assistant professor, or instructor, to each student, with ten left over. It is suggested that a new medical journal be started, to give the idle ten something to do.—*Medical Record*.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

The Charity Abuse.

To the Editor of the CANADIAN MEDICAL REVIEW.

DEAR SIR,—The *Medical Record* of October 16th has a very timely and able editorial upon the above subject. I am glad to notice that the *Medical Record* so boldly announces itself as opposed to the indiscriminate granting of charity. So far as I know, the MEDICAL REVIEW has always espoused the same opinions.

The *Record* says: "With the commencement of the college terms and with the necessarily more active clinical work in the metropolitan hospitals the struggle for clinical material will be proportionately manifest. Thus it is to be reasonably expected that the old abuse of medical charity will boom along as destructively to the higher interests of the profession as ever, and will revive the old complaint against the atrocious unfairness of the whole system."

With the above opinion every practitioner who has paid any attention to the abuses of our charity system will agree. The medical colleges are deeply interested in procuring an abundance of material for their classes. To accomplish this the wards of the hospitals are opened to those who could well afford to pay; or the city or some wealthy person comes to the aid of the colleges, and make grants so as to enable these institutions to house and treat such as should pay a fee for their attendance.

But the teachers are interested in all this. What they lose by fees from patients is more than made up by fees from students and the reputation of being a college and hospital physician or surgeon, hoping to climb over the shoulders of the general practitioner into a consultation practice. It does not follow because a certain person is on a college staff he is thereby endowed with special learning or ability. It is often too true that he secures his appointment through the influence of some strong friends. There are some instances of this in Toronto.

With the cry raised on every side that the profession is over-crowded and sadly underpaid something must be done to lessen the volume of charity work on the one hand, and to reduce the numbers entering the medical profession. *The British Medical Journal*, for October

2nd, in an editorial on "General Practice: Its Financial Aspects," deals vigorously with the over-crowded condition of the medical profession: "For a much larger number at the other end of the social scale the outlook is not roseate. In fact, unless possessing private means, many, after spending hundreds of pounds on their professional education, will, when they become practitioners, have to use the strictest economy to pay their way, and some will always be within the borderland of poverty. Such statements about the neediness of the profession may come as a surprise, but their correctness cannot be doubted."

I do not find such wholesome truth told in the opening address at our many colleges, nor in their Announcements for the session of 1897-8. In none of these do I find that only a small percentage are destined to attain to any degree of financial comfort or easy circumstances.

Victor Horsley stated that it required about 1,200 of a population to yield an income to a practitioner. In Canada we would think ourselves in clover on this basis. There is in Ontario about one physician to every 600 persons. In the face of this the Schools go on as medical mills, and the hospitals and charity houses to those who could pay, but for the necessity to obtain clinical material.

Yours, etc.,

ONLOOKER.

Toronto, October 25th, 1897.

"Medical Doctor."

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—In the *Evening Star* of October 1st, I noticed a paragraph stating that Hon. Mr. Harcourt has in contemplation a bill to compel the medical men to spell out the words "Medical Doctor" after their names. Surely this idea is not a probability. Why should the old and original M.D. have to write "Medical Doctor?" Why not those usurpers—who copy a long way off—to be sure. Doctor is taken from the Latin *doctus*, learned. The affix should then convey this meaning, and be confined to such classes as are really learned and those known as the learned professions. If the name has been degraded, who is to blame? Certainly not those who held the original right; rather an elevation of the masses and the granting by the Government charters to colleges to give veterinarians and dentists the right to be called

"Doctors"; and, if so, why punish those who are not to blame? Every corner is covered with dental signs, Drs. So-and-so; registrations in hotels and advertisements in the newspapers, Dr. So-and-so; and, in the majority of cases, Who are they? Would the affix, doctor, be deserved? Is it decent, considering the root from which the term is derived? Would the Hon. the Provincial Secretary make it compulsory for the medical men of this Province to register at the hotels of the United States and Europe as "Medical Doctors?" Would he outrage social custom and good taste in this manner? If a change is to be made and a penalty attached, let those who are most deserving pay it; let those who use the term more by courtesy than right bear it. I do not take Mr. Harcourt to be wanting in common-sense; and I do think, the statement of the *Star* to the contrary, that he will prove to have more intelligence than to make so egregious a mistake.

Yours Truly,

P. PALMER BURROWS, M.D.

Lindsay, Oct. 26th, 1897.

Selections.

AN APPLICATION FOR PIGMENTARY BLEMISHES OF THE SKIN.—The *Journal de Médecine de Paris* for September 26th, gives the following formula:

R. Corrosive sublimate	7½ grains;
White sugar	225 "
The white of one egg;	
Lemon juice	about 450 "
Distilled water	3,750 "

M. S.: To be applied every morning and allowed to dry on.—*N. Y. Med. Jour.*

BALSAMICS IN THE TREATMENT OF BRONCHIECTASIS IN CHILDREN.—Molle d'Aubernas (*Loire Médicale*) recommends the following:

R. Eucalyptol	10 parts;
Creosote	25 "
Tincture of benzoin	50 "
Balsam of copaiba	80 "
Oil of sweet almonds	200 "

M. To begin with, an enema of thirty drops of this mixture, in a little milk, may be given, and the dose may be increased gradually to two teaspoonfuls. In a few days the patient gets used to the burning sensation that follows the injection.—*New York Medical Journal.*

IN view of the growing favor of subcutaneous injections for syphilis, we give the following formula of Sacaze :

R	Metallic mercury.....	20		(3v.)
	Lanoline	5		(3jss.)
	Liquid vaseline	35		(3j. 1/4)

Inject subcutaneously from five to seven centigrammes (gr. $\frac{3}{4}$). Repeat every fifteen days.—*Medical Review of Reviews*.

METHYL SALICYLATE IN THE TREATMENT OF GONORRHOEA.—By reason of the great power possessed by methyl salicylate of penetrating investing membranes, M. Duquaire (cited in the *Journal des Practiciens*) has conceived the idea that it will reach the gonococci even when they are seated in the deepest layers of the mucous membrane. He reports a case in which its employment cured the disease in five days, but he does not generalize from that one case. He uses the following solution :

R	Methyl salicylate.....	1	part.
	Bismuth subnitrate.....	20	parts.
	Liquid vaseline	100	parts.

M. These injections are to be given daily. The patient should urinate, then take the injection, and hold it in the urethra as long as possible. The injections are not painful.—*N. Y. Med. Jour.*

FOR TUBERCULAR CYSTITIS.—General treatment should always be instituted, the indications are to improve nutrition, avoiding drugs which upset the appetite. Climate and salt baths may prove of assistance. Banzet advises against large doses of creosote, smaller dosage and persistent exhibition being better. Guyon's favorite formula for giving it is :

R	Creosote	gr. .05.
	Iodoform	gr. .01.
	Sod. arseniat	gr. .001.
	Cynoglosi.....	gr. .05.

Pulv. benzoin, q. s. to make one pill.

M. Sig. Two pills twice daily at meal times.

General treatment may in some few instances prove even curative. Instances are cited from the practice of Guyon which go to show in a positive manner the efficacy of general treatment. Banzet warns against putting such cases on a low diet because of a slight albuminuria, a treatment capable of rendering this class of patients much worse.—*Journal Cutaneous and Genito-Urinary Diseases*.

AN INTESTINAL ANTISEPTIC MIXTURE.—According to the *Indépendance Médicale* for September 29th, the following formula is advised by de Maximovitch :

R Naphthol	45 grains ;
Chloroform	15 drops ;
Castor oil	1,500 grains ;
Essence of peppermint	5 drops.

M. Dose, a tablespoonful (for children, a teaspoonful) in port wine, beer, or hot and sweetened black coffee.—*N. Y. Med. Jour.*

COUGH MIXTURES.—Dr. James K. Crook says that the following formula have been thoroughly tested in both hospital and private practice and render good service in suitable cases. For irritative coughs :

R Phenacetin	gr. xx.-xl.
Ext. glycyrrhizæ	gr. xx.
Sacch. albi	3 ij.

Fiat pulvis, in chartulas 20 dividendus. S. : One to be taken at one, two, or three hour intervals.—*Medical Record.*

IT HAD BEEN TAKEN OUT.—The following from Boston is on the authority of that bright and witty editor, Rev. Dr. Dunning. A well-known business man of the Hub was discovered by a friend to have his underwear inscribed with the legend, "I have had my vermiform appendix removed." Questioned as to his motive, he replied, "These are the palmy days of surgery. If a man faints on the street, or falls in a fit, he is rushed off to an hospital and his appendix taken out before he can recover consciousness. I have this notice conspicuously displayed, as I have been through the operation once."—*Medical Herald.*

PUERPERAL NEURITIS.—Dr. George Köster (*Munchener Medicinische Wochenschrift*), relates the case of a woman who, on the fourteenth day after a normal confinement, the puerperium being perfectly natural, rather suddenly felt a weakness of her left arm. On examination, it was found that the upper arm was diminished in size, with lowered power and sensation in the radial and musculo-cutaneous nerves, sensory disturbances in the areas of distribution of the axillary and lateral cutaneous nerves, and the reaction of degeneration in the deltoid and biceps muscles. The symptoms gradually increased in intensity, and finally the brachialis internus was affected. In the course of eight months the reaction of degeneration was observed in all the muscles mentioned.—*New York Medical Journal.*

Miscellaneous.

SANMETTO IN INFLAMMATION OF BLADDER, OVARIES OR UTERUS.—Sanmetto is an excellent remedy for all bladder troubles caused by inflammation. I find it acts nicely with tinct. opii to allay pain and inflammation, especially when the ovaries or uterus are affected. The physicians generally, about here, prescribe Sanmetto.

LORENZO SARGENT, M.D.

Bradford, Mass.

IN Mr. Hall Caine's last novel, "The Christian," some comical perversions of medical knowledge occur. For example, the weak-minded, but beautiful Polly Love, is killed off by a dose of "half a grain of liquor strychnine." This is, perhaps, not quite in accordance with modern pharmacology, but Mr. Caine, unfortunately, omits to mention anything about the chemist who weighed out the half-grain of the liquid poison. In a medico-legal matter, again, Mr. Caine has established a record, and it is evident that we are quite wrong as to the definition of a still-born child, if this record is to be maintained. In "The Christian" the author describes a still-born child as "one that has breathed but never cried."—*Medical Press and Circular*.

WE are pleased to bring again to the attention of our readers a strictly pharmaceutical preparation which is really what its name implies, "A Liquid Malt Extract," manufactured by Messrs. John Wyeth & Bro., chemists, whose reputation amongst the physicians is of the very highest as manufacturers of fine pharmaceutical articles. Their malt extract has been, and is, prescribed for many years by us, and we have perfect confidence in it. One of the features of it is that it contains only sufficient amount of alcohol (less than 3%) to keep and preserve it, and as the quantity is so small we are able to prescribe it freely to weak and delicate children and nursing mothers, without danger of their getting too much stimulant. We would, however, caution those who wish to prescribe it in their practice to be careful and specify "Wyeth's," as we know that there are a great many so-called malt extracts in the drug stores which contain so large a proportion of alcohol that it is not safe to leave it to our patient's choice, as they might be persuaded to buy something that would be absolutely injurious, because a little cheaper in price, or upon which the druggist would make a little more profit.



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MEDICAL MINING.—It is only with the greatest effort that the medical worker represses a desire to take a bike or a balloon and hie him to Alaskan fields, where solid lumps of gold obstruct every mountain streamlet. The demands of practice keeping him in the city, the physician may pass a spare hour in reflection on the similarity of gold-mining to medical practice. There is the pocket miner among physicians as among seekers for yellow ore. He is the first comer on the ground in some specialty, and gathers in gold nuggets by the shovel-ful; or in an old field he, by some happy genius, strikes a deposit of unusual richness in the homes of old merchants, where the gold has been accumulating for years, the sediment from some glacier of selfishness. He is lacking in resources, too, if he does not wholly clean out the old gully. Some less favored physicians strike a rich vein in an exclusive social circle, and dig therein with profit for a lifetime. The average physician, after looking to no effect for nuggets and veins during his earlier career, settles down to grinding quartz, happy if a few dollars a ton rewards his arduous labors.—*Maryland Med. Journal.*

GRIP.—C. A. Bryce, A.M., M.D., Richmond, Va., Editor of *The Southern Clinic*, in writing upon the above subject, during an epidemic of la grippe, said: "For the past four weeks or more, we have met with five times as much grip as anything else, and the number of cases in which the pulmonary and bronchial organs have been very slightly or not at all involved have been greater than we have noted in former invasions. On the contrary, grippal neuralgie, rheumatism, hepatitis and gastric congestions have been of far greater frequency, while in all, the nervous system has been seriously depressed. The fatalities from pneumonia, meningitis, and other complications have been fewer, showing plainly that we are gradually gaining an immunity from this zymotic invader. With each succeeding visitation of this trouble we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nervous sedatives, anodynes and heart sustainers, rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encourage action of skin and kidneys, with possibly minute doses of blue pill and quinine, or calomel and salol. We have found much benefit from the use of antikamnia and salol in the stage of pyrexia and muscular painfulness, and later on, when there was fever and bronchial cough and expectoration, from antikamnia and codeine. Throughout the attack and after its intensity is over, the patient will require nerve and vascular tonics and reconstructives for some time."

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Shakespeare Revised.

By D. S. MADDOX, M.D.

(From the *Quarterly Medical Journal*, Sheffield, England.)

- “Constipation, thy name is woman.”—*Hamlet*.
- “Nature hath made strange cures in her time.”—*Merchant of Venice*.
- “Take each man’s fee, but reserve thy diagnosis.”—*Hamlet*.
- “How poor are they that have not patients!”—*Othello*.
- “He jests at physic that never felt a pain.”—*Romeo and Juliet*.
- “Why should the poor be pauperised.”—*Hamlet*.
- “Consultation oft loses both fee and patient.”—*Hamlet*.
- “It is a wise doctor that knows his own patient.”—*Merchant of Venice*.
- “Give every man thy prescription, but few thy medicine.”—*Hamlet*.
- “Doctors wax poor when patients prove unkind.”—*Hamlet*.
- “All the world’s a clinic,
And all the men and women merely patients.”—*As You Like It*.
- “Thou art not so unkind
As a patient’s ingratitude.”—*As You Like It*.
- “He that is not guilty of taking his own physic shortens not his own life.”
—*Hamlet*.
- “Oh! me, what doctor that roars so loud,
And thunders in the index?”—*Hamlet*.
- “I do much like her. She doth think she has
Strange lingering diseases.”—*Cymbeline*.
- “A double fee is a double grace,
Occasion smiles upon a second call.”—*Hamlet*.
- “What misadventure is so early up,
That calls the doctor from his morning’s rest?”—*Romeo and Juliet*.
- “If it were opened when ’tis opened, then ’twere well it were opened
quickly.”—*Macbeth*.
- “Make all our trumpets talk, give them more wind,
Those clamorous harbingers of check and sound.”—*Macbeth*.
- “And all our theories have lighted fools
The way to dusty death.”—*Macbeth*.
- “What damned error, but some sober brow
Will approve it, and it with a case.”—*Merchant of Venice*.
- “The remedies thou hast and their adoption tried,
Apply them to thy case with zeal;
But do not kill thy patients with experiment
Of each new-hatched unfledged medicine.”—*Hamlet*.
- The Cincinnati Lancet-Clinic*

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MUST DOCTORS RESPOND TO CALLS.—The refusal of a prominent Chicago physician to respond to a night call has attracted considerable attention from the secular press. We are glad of it. We hope it will continue until the relations of the medical profession to the community are fully comprehended. When the people finally understand that the doctor educates himself, pays for the privilege of attending clinics at the public hospital, supports himself and receives absolutely no privileges or emoluments of any kind from the public, except that of paying license fees and wearing a tin tag like any huckster, men may inquire why we are expected to owe any service to the public. True, there is the moral obligation entailed by our education and the position we hold in the community. But the moral obligation concerns ourselves alone, and is not one on which the public can base any demand upon us. And the highest moral obligation upon me is to support myself and family. Consequently, my first duty is to secure an adequate remuneration for my services from those who are able to pay for them. Many views were expressed by different physicians on this question, and some require comment. When a doctor attends everyone who calls on him, with the expectation of realizing some 60 per cent. of his fees, he must not call the other 40 per cent. charity. It is a matter of business. He collects it if he is able; and he cannot call charity his uncollectable accounts. If he knows he will not be able to collect a bill and still gives his services to that party, it is really charity; but the doubtful cases must be classed as speculation. Moreover, the man who says he answers every call, irrespective of pay, must not take credit to himself for his goodness. He is only able to do this because he has inherited or married money. If not, he defrauds his creditors. If so, he defrauds two other classes: his wealthy patients, whom he compels to pay for his attendance upon others; and his poorer professional brethren, whom he deprives of possible employment. Indiscriminate giving of medical services degrades the profession to the rank of an eleemosynary institution, and pauperizes the doctor and patient alike. But it has one saving grace—it enables the patient to pay more money to quacks.—*The Alkaloidal Clinic, October, 1897.*

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The Canadian

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VI.

DECEMBER, 1897.

No. 6.

UNDER EMINENT SCIENTIFIC CONTROL.

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The BERLINER KLINISCHE WOCHENSCHRIFT, 22nd March, 1897, publishes a Report upon some experiments that have been made under the direction of PROFESSOR GERHARDT, in his Clinic at the Charité Hospital at BERLIN, demonstrating the value of APENTA WATER in the treatment of obesity and its influence on change of tissue.

SOLE EXPORTERS

THE APOLLINARIS COMPANY, Ltd., London.

Published monthly by the CANADIAN MEDICAL REVIEW CO., TORONTO.

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Materia Medica and Therapeutics.

PHTHISIS AND ITS TREATMENT.

PHTHISIS is pre-eminently a wasting disease, and by exalting failing nutrition, cod liver oil being little more than a given food, a great advance was made in therapeutics. It has been found, however, that the oil does not in many cases meet the indications; for not only is nourishment needed, but the digestive power is so reduced that but little use is made of the food taken. Hence a demand both for nutritious material and also for something which will aid food suitable for assimilation. The clinical starting-point in the history of the greater number of cases of phthisis is malnutrition, and when that is guarded against much is accomplished.

After a full trial of the different oils and extracts of malt preparations in both hospital and private practice, I find Maltine most applicable to the largest number of patients, and superior to any remedy of its class. Theoretically we would expect this preparation, which has become PRACTICALLY OFFICINAL, to be of great value in chronic conditions of waste and malnutrition, especially as exemplified in phthisis. Being rich in *diastase*, *albuminoids* and *phosphates* according to careful analysis, it aids in digesting farinaceous food, while in itself it is a brain, nerve and muscle producer.

In practice this hypothesis is sustained. A female patient in St. Luke's Hospital, aged 35, with phthisis, signs of deposit in left upper lobe, losing flesh for six months, poor appetite and night sweats, was put upon Maltine. Within a few weeks her weight was increased to 121 pounds, she ate well, no night sweats, and the evidences of local disease were much less marked.

Another case of phthisis: A gentleman from Alabama, with all the physical signs of phthisis, rapidly losing health and strength. His was the remarkable gain of 10 lbs. *from six weeks' use of Maltine.*

Seven pounds' increase in as many weeks is the record of a third patient, a lady of 41 years, who had no other medication than the Maltine. In these and other cases the increase in strength and mental vigor was in proportion to the gain in weight.

These instances are sufficient for illustration, and are *duplicated many times in the experience of physicians everywhere.* There is a universal reluctance always to testify to results from medicinal preparations, but when, as in this case, the composition is fully known, and the profession invited to investigate the manner of preparing it, there is no reason why the remedy should not receive general approbation, provided it be worthy.—*Quarterly Epitome of Practical Medicine and Surgery.*

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Vol. VI.

TORONTO, DECEMBER, 1897.

No. 6

Original Communications.

Toronto Clinical Society—President's Address.

DR. ALBERT A. MACDONALD, Toronto.

GENTLEMEN,—I must thank you for the honor conferred by electing me to the highest office in our Society, the first of its kind in the country and the foremost in this city of many medical societies. I can assure you that the kindness is duly appreciated by me, and that my efforts will all be directed towards making this season worthy of the jubilee year in which we live.

“One year—one year—one little year
And so much gone!
And yet the even flow of life
Moves calmly on.”

(H.B.S.)

In this, the first meeting of our season, we are reminded that as time passes we are not left untouched by its ravages. Whilst we are

all occupied with our pressing duties and spurred onward by our desires and ambitions we are nearing the end.

“ Like as the damask rose you see,
Or like the blossom on the tree,
Or like the dainty flower in May,
Or like the morning of the day,
Or like the sun, or like the shade,
Or like the gourd—which Jonas had—
E'en such is man, whose thread is spun,
Drawn out, and cut, and so is done.”

(S. WARHEL.)

Two stalwart forms and kindly faces will be missed from amongst us this season. The places of F. W. Strange and C. H. Cook are vacant. They hardly waited until they could feel the “ langour of age stealing on,” or until they could say, “ What can an old man do but die ? ” but were taken off in a moment, leaving for us the blank not easily filled.

During the past beautiful summer Canada attained an eminence far beyond anything we had expected for her at this early date in her history, and the medical profession here was honored in a way which is flattering in the extreme. Men of the greatest eminence in the scientific world visited our country and our cities, and left behind them words of wisdom which should spur us onward towards higher and better achievements than we ever dreamed of. And I am pleased to be in a position to say (having met some of them on their return to their homes) that they have carried away a favorable and lasting impression of the value of this New World to which many of them were introduced for the first time here in our midst. We cannot help but admire the pluck and determination which enabled such eminent men of science—many of them grown grey with years—to cross the North Atlantic, and return at a time when the gory waves were at their worst, in order that they might meet together in a new place, and expound their theories or lay bare the truths ferreted out from nature by vast and patient effort. Let us take example by their energy, so that we may not flag in our work.

“ The only real and lasting enjoyment in life is to be found in work. The conditions of health, happiness, development, mental, moral and physical vigor and unimpaired faculties for old age, are found only in the full exercise of all our powers to the limit of their capacity.”

We have many bright examples of men who, though engaged in the most arduous work of active medical practice, have found

time to write good things, not only bearing upon their professional lines, but also upon others more tedious and less tempting. We are pleased to think that in this age of exact science and its application to the every-day affairs of life our profession is not left entirely on one side. It used to be remarked without comment that our profession was necessarily experimental. Now such statement could not go unchallenged. We now know that medicine is no longer entirely an experiment, but that by long years of study it has been raised above the level of the empirical and experimental. When thinking along this line I am naturally carried back to what I can remember in my earlier medical days, when following "Lister," now Lord Lister, around the wards in old Edinburgh, we saw the vast difference between his work and that of other surgeons, and recognized the hard fight that he had to convince his colleagues as to the value of his new discoveries. Have those wonderful advances been suitably rewarded? In some ways, yes; for no man could be more truly beloved and honored, but in other ways, no. We need not pause, all has not been discovered yet; something remains, and there is no knowing but what some amongst us may one day make as valuable a discovery as Lister did, but we may easily surmise that none of us here will ever have the distinguished honor of making an income out of our profession equal to that of Sir Astley Cooper and others who are said to have made over \$100,000 in one year.

Though this is an age of charity and money it rarely "sets in" towards the medical man. We do not live in the Augustan era when "the Emperor Augustus granted to doctors only, of all the citizens of Rome, the exemption of their property from taxation." Some of us would not gain much if our property were exempt, but it would be nice to feel that we were recognized.

It is a little curious that though vast sums are given to found and equip medical charities, there is not a general appreciation of the efforts of the medical profession. "But the gratuitous services rendered by physicians every day to the poor are larger contributions in proportion to their incomes and estates than any of the noble donations which have given fame to the generous."—(C. M. D.)

Whilst on this subject, I may be pardoned for calling attention to some abuses which exist, and in doing so I may say that I speak as much from information gained during my recent visit to the older countries as from knowledge of conditions existing here. It is a fact to be regretted that there are men who do in hospital practice what they would not do in private. Names creep into the public press and

descriptions of wonderful performances, operations, etc., and even cuts of corners of consulting rooms, are dished up by the ubiquitous reporter, who seems to know all about it, in a way that would do credit to a cross-roads journal from a back township or school section. Any one of us may be unfortunate enough to be thus paraded at some time during our professional career, and he who unconsciously meets with such misfortune deserves the sympathy of his colleagues. During my recent visit to England and Germany, I took some trouble to find out about the condition of some of the hospital charity patients, and found that, at least in some hospitals, little care was taken to ascertain whether the applicant for relief was a pauper or not. In one instance I saw the wife of a sea-captain, who could well afford to pay for the services of an expert, accept as a pauper in a public ward the time and energy of an able surgeon. I noticed in passing that the time consumed was quite two hours at the operation alone. Doubtless there are many such cases in the larger cities, and though remedies have been proposed, none can succeed without the co-operation of the medical staff and the hospital authorities. The great number of cases for operation in the hospitals of the Old World seems to have had different effects upon different operators, making some more careful and neat, while others grow careless and slovenly. I saw every variety of method of closing the abdominal incision in celiotomies, and was most struck by that adopted as a rule by Cullingworth, who does not take much trouble with the peritoneum, but closes the muscles and fascia by buried catgut, continuous suture, using silk-work gut for the entire walls. He claims that with the fascia and muscles in apposition there is little danger of hernia, and when we think of the considerable number of cases of rupture after operation, we will not consider any trouble too great if it will ensure a perfect closure of the wound. In Berlin, I was struck with the amount of silk used in tying a pedicle, and the rapid way in which they got over the washing out of the pelvis after rupturing a pus sac.

I think that undoubtedly the best work is done in London, where some, at least, of the operators are as careful, clean and rapid in their methods as one could wish for. The courtesy received at the hospitals was far in excess of anything which one could anticipate, and of such a nature as to make one feel thoroughly at home.

To return to ourselves. There is something in the clear skies and pure air of our northern country which puts life, energy and ambition into each and every one. In our intercourse with the public and our colleagues, let us always feel that we must remember others. Those of us who have been a long time in practice are often consulted by

our fellow-practitioners on cases of medical ethics. I always make such answer their own questions. No study of the law is necessary. When in doubt, act towards another, be he doctor or patient, as you would wish him to act towards you if the positions were changed, and you will not be far wrong. Never forget the facile courtesy which marks the gentleman ; he only can be the true physician.

A few words about our society, and I will have done. In the past we have had some papers and discussions which were hardly up to the mark ; but we have had others which were as bright with eloquence and as pregnant with scientific facts as one could wish for. I would urge upon you all to keep not merely abreast of the times. The man who will be successful will keep not only abreast of, but well ahead of what has gone before. Let me urge upon you each and every one to attend regularly to the meetings, and come prepared to take an active part in the proceedings. We want constant and incisive criticism ; not carping at, but judging of the proceedings with the clear eye of science.

I thank you very much for the patience and attention with which you have listened to me to-night, and close with strong hope of having your full and earnest support in the endeavor to make the meetings of this year surpass those of any former season.

Odor as a Symptom of Disease.

By J. H. McCASSY, M.A., M.D., of Dayton, Ohio.

(Former Superintendent of Kansas State Insane Asylum.)

THE chief functions of the nose are : (1) Respiration ; (2) olfaction ; (3) resonator to the voice ; (4) office of regulator of the aeration of the middle ears. The normal daily secretion of the nasal chambers is about one pint, which comes chiefly from the turbinated bodies, and is used in moistening the air before it reaches the lower respiratory organs. The nasal chambers heat the air for respiration and aid in modulating and modifying the voice sound, giving it proper resonance. Infinitesimal odorous particles dissolved and floating in the air are carried into the nasal fossæ and impinge upon the hairy terminations of the nerve filaments ; thence the sensation is conveyed to the olfactory centres. There is but little loss in weight of musk and other strongly odorous substances after they have freely evolved their effluvia for several years. It is the mucous membrane of the upper half of the

nasal fossæ that is capable of appreciating odorous impressions. Like the other special senses, olfaction may be cultivated by attention and practice. Experts can discriminate qualities of wines, liquors, drugs, etc.

Diseases have their characteristic odors. Persons who have visited many insane asylums recognize the same familiar odor of the insane. General paresis of the insane affords us a typical example. It is a true cerebral disease, physiologically, pathologically and psychologically. In it the substances of the convolutions of the brain undergoes a process of degeneration or atrophy, which finally invades the whole nervous system. The nerve and mind tissue die slowly and progressively. The blood current carries the waste tissue to the lungs for aeration, and the result is the foul characteristic odor of this disease.

It is not insane asylums alone, but prisons, jails, workhouses, armies in camp, churches, schools, and nearly every household, that have their characteristic odors. It is when the insane, the prisoners and the soldiers are aggregated in large groups or battalions that their characteristic odor is recognized by our much-neglected "smeller."

Most diseases have characteristic odors, and by the exercise of the sense of smell they could be utilized in differential diagnosis. For example, favus has a mousey odor; rheumatism has a copious, sour-smelling acid sweat. A person afflicted with pyemia has a sweet, nauseating breath. The rank, unbearable odor of pus from the middle ear tells the tale of the decay of aseous tissue. In scurvy the odor is putrid; in chronic peritonitis, musky; in syphilis, sweet; in scrofula, like stale beer; in intermittent fever, like fresh-baked brown bread; in fevers, ammoniacal; in hysteria, like violets or pine apple. Mesales, diphtheria, typhoid fever epilepsy, phthisis, etc., have characteristic odors.

The acuteness of the sense of smell is far greater in many of the lower animals—for example, the dog—than in man, and they employ it in guiding them to their food, in warning them of approaching danger, and for other purposes.

The sense of smell is capable of great cultivation. For example, in the well-known case of James Mitchell, who was deaf and blind from birth, the sense of smell was his chief means of distinguishing persons and perceiving the approach of strangers.

Among many savage tribes the sense of smell is almost as acute as in many of the lower animals. Humboldt says the Peruvian Indians are able in the middle of the night to distinguish whether an approaching stranger is an European, American Indian, or negro.

Society Reports.

Toronto Clinical Society.

THE meeting of the Clinical Society was held in St. George's Hall, November 10th, 1897. Dr. Albert A. McDonald presided. The opening address was then given (see page 179).

Cerebral Abscess.—Dr. G. S. Ryerson reported two cases of cerebral abscess following middle ear disease. Most cases of abscess of the brain, he said, arose from neglected disease of the ear. In the first case, the patient was a young lady aged 18, whose ear had been discharging for fifteen years until three months ago, when it ceased suddenly. When she came under treatment she was suffering from a great deal of pain in the head; there was considerable swelling of the external parts of the ear and a slight foetid discharge. There was no marked tenderness of the mastoid, but some redness. There were not indications enough for trephining. Caries seemed to be in the external auditory process. The patient gradually fell into the comatose condition and died. Attention to the suppurating ear would no doubt have prevented this untoward result.

The second case was that of a little child, seen once or twice suffering from acute inflammation of the middle ear, although the discharge was not profuse. For three months it had been in failing health. The mother said that its head had felt hot. Gradually it lost power in its lower extremities. It had slight outward squint and ophthalmoscopic examination showed double optic neuritis. Tenderness over the mastoid was not marked. Again, indications were not sufficient to justify surgical interference. The patient died. The moral of these cases, Dr. Ryerson maintained, was bad. All cases of discharge from the middle ear should be attended to primarily and not be allowed to run on until the children "outgrew it." Cleanliness should be maintained, and every effort made to bring about closure of the drum membrane.

Dr. H. B. Anderson said he was struck with the fact of having seen five cases of abscess of the brain in the post mortem, during a comparatively short period of time, all resulting from ear disease. It seemed to emphasize the necessity of following Dr. Ryerson's advice of attention to discharges from the ear. In some cases the diagnosis was not made until the post mortem was performed. The sequelæ

observed by Dr. Anderson were abscess of the cerebellum, general septicæmia from streptococcus infection, abscess of the temporo-sphenoidal lobe, thrombosis of the cavernous sinus and extension into both orbits with suppuration.

Dr. Charles Trow said that he had enquired into the cases spoken of by Dr. Anderson and had found that only one had been under the ear specialists. In this one case the patient was deaf in both ears, and it was difficult to get any information from her. Dr. Trow thought if there was one disease in this country which was neglected it was middle ear suppuration. He had frequently heard persons say that their doctor had said it would get better itself, and, as a result, they did not consider it serious. These cases required time and patience, and should not be let go until they were perfectly cured. He had had two cases of death from middle ear suppuration. In one case most of the disease was in the attic. This was a frequent site of the mischief. In one case he had seen, post mortem, pus was to be seen all around the cerebrum and cerebellum, and also down the spinal cord. In McEwen's book it was stated that most brain abscesses arose from disease of the middle ear.

Dr. W. H. B. Aikins asked as to the value of pyrozone and hydrogen peroxide in these cases.

Dr. Brown asked what the essayist had found to be the best treatment for the obstinate cases.

Dr. Ryerson replied. He said these cases required sometimes much patience, but with few exceptions they would heal so far as the ulceration and discharge were concerned. In most cases it was necessary to clear out any fungoid growths, and for this purpose he had found silver nitrate, from one to two drachms, very useful. Weaker solutions would not do. Three or four drops of this should be dropped in from a dropper after the ear had been gently and properly syringed out. This treatment was painless. It should not be given immediately after an acute or sub-acute attack or great pain or trouble would ensue. In most cases he used a saturated solution of boracic acid for cleansing purposes. Pyrozone and peroxide of hydrogen were useful as cleansing agents, but for the ulcerative condition it would not; the silver solution was needed. They were useful in acute diseases. Iron locally should never be applied.

Dr. A. Baines said he had followed Leffert's advice, who advised against using the syringe at all for fear of driving the pus further in, but in its stead recommended applications made by a small swab of cotton batting.

Dr. Ryerson said there was no danger from the syringing if done so as to allow an outward current.

Punctured Wound of the Heart.—Dr. A. H. Garratt presented a heart showing a wound made by a pair of scissors through the right auricle and on into the aorta just outside the valve. The man lived about ten minutes after receiving the wound. The pericardium which had a small hole in it about the size of a pea, and both pleural cavities were filled with blood. Upon his arrival, the man gave a few gasps, but there were no heart sounds to be heard.

Dr. Trow reported a case in which scissors had been the weapon. They had penetrated the left ventricle and through the septum into the right ventricle. The man lived half an hour.

Dr. Bingham said that wounds of the auricle were usually more rapidly fatal than those of the ventricles. In the case reported it was surprising life lasted so long. The pressure of the blood which had escaped into the pericardium was likely the immediate cause of death.

Dr. Greig saw that the wound was five and a half inches in depth. The scissors had pierced the vest, shirt, the skin and fasciæ, the two pectoral muscles, the intercostals between the third and fourth rib, perforated the right lung, passing through four pleural layers, through the pericardium, the auricular appendage and the aorta. The question arose whether an old man could inflict so extensive a wound with scissors three-fourths of an inch thick. The death was, he believed, caused by the wound in the auricular appendage.

Spina Bifida —Dr. Geo. Bingham reported a case of spina bifida and showed the specimen. He had removed it from a child nine months old. There were no symptoms which would lead him to suspect the spinal cord was seriously involved. He had aspirated some ten days before as it seemed almost ready to burst. This procedure enabled him to ascertain the size of the opening in the spinal column, which was found to be about the size of his thumb. The only difficulty in the operation was in securing sufficient flap to close the wound. There had been a slight rise in temperature. The great point in the operation was to secure absolute asepticity. The child was kept lying on its side and close attention paid to the removal of the excreta. Quietude was secured by the administration of two grains of chloral, followed by one-half a grain every hour for several hours, and repeated when restlessness appeared. The doctor had treated two other cases by the injection of Morton's fluid, but had not good results. Morton's results showed in sixty-seven cases fifty-eight recoveries and ten deaths. The investigation of the Clinical Society of London showed in eighty-seven cases thirty-five cures only. In cases where the knife had been used a series of 150 cases showed only 29 per cent. fatal.

Dr. Pepler said he had one case in which he used Morton's fluid with good success.

Dr. Grey asked how Morton's fluid acted.

Dr. Bingham replied by saying that it produced an adhesive inflammation which obliterates the sac. He alluded to the possibility of relieving the hydrocephalic condition which sometimes followed by spinal puncture.

Toronto Clinical Society.

THE forty-first meeting of the Clinical Society was held in St. George's Hall, Elm, St. December 8th, 1897. Dr. A. A. Macdonald occupied the chair.

The following Fellows were present: Drs. McDonagh, G. A. Peters, H. Parsons, G. Boyd, Garratt, J. A. Temple, G. S. Ryerson, M.P.P., A. Primrose, A. H. Wright, A. A. Macdonald, F. Fenton, C. Murray, G. Bingham, E. E. King, Wm. Oldright, F. Grasett, H. J. Hamilton, I. H. Cameron, F. N. Brown, and J. T. Fotheringham.

Dr. Graham Chambers was elected a fellow of the Society.

Dr. Fotheringham reported a case of hysteria in a girl aged 10. Three years before he saw the patient it had an attack of diphtheria which probably may have been considered to have given rise to paralytic symptoms which presented themselves quite suddenly on November 31st, 1895, disabling the child from feeding herself for ten months. One eye was closed for three months, and the movements of the other were impaired. Some weeks following the paralysis there were twitchings in the arms and legs, but not spastic. For a time there were also rhythmic movements of the head, which were carried on rotatorily against the fists, causing lumps to appear on the side of the head. The paralysis disappeared during sleep. There was no tendency to bed sores, and there was no marked wasting. There was some headache at first and some insomnia. The patient was hyperæsthetic in the presence of the mother; less so in the doctor's. There were two sensitive spots over the two upper lumbar vertebræ. Under purely suggestive treatment a cure was effected in a few days at the Victoria Hospital. After inquiring of the patient why it had come to the hospital, and receiving the answer "To get well," the doctor said that the next day at 12.15 he would come and set the child at a chalk line which was drawn on the floor, and it would walk. Concluding, Dr. Fotheringham said the diagnosis depended on the following points: The interval between the diph-

theria and the onset of the paralysis ; the suddenness of the onset ; the distribution of the paralysis and its disappearance during sleep ; there was no active atrophy ; the absence of bed sores ; the increased knee jerk ; the position of the legs—that of simple helplessness ; the rhythmic spasms ; the twitchings ; the hyperæsthesia, more marked in the mother's presence, and the hysterical stigmata.

Dr. Bingham called attention to a case in which he had operated for an empyæma. Although complete recovery took place, the child would not allow its mother to touch the affected side.

Dr. Oldright said that it was stated that there was an absence of the faucial reflex in these cases.

Dr. Fotheringham replied that he did not think this was so. It might be by one of the anæsthetic areas in certain cases.

Dr. Primrose presented a child, aged seven, who had come to the Children's Hospital with a psoas abscess. The treatment consisted of opening the abscess, curetting with the finger-nail, injecting a ten per cent. emulsion of iodoform and glycerine and stitching up and sealing with collodion. Healing had taken place by first intention. In a similar case he had presented at the Ontario Medical Association, the abscess subsequently became infected. It was opened and drained, when cultures showed that a streptococcus as well as the bacillus of tubercle was present. The patient had a kyphotic condition of the spine, which led the speaker to refer to the new practice of treating these cases by immediate reduction. He was not aware that this operation had been tried in Canada yet. Objection had been raised to it by a Liverpool surgeon, who held that after correction of the deformity, it was doubtful if there would be sufficient consolidation of bony growth to support the spinal column anteriorly ; and in consequence the individual would have to wear some apparatus to support the spine ; that a mechanic with a rigid hump-back could do good work, while one with a wobbly hump would be incapacitated for work. However, Calot, had reported 204 cases with two deaths ; one from broncho-pneumonia, and the second from tubercular meningitis.

Dr. F. Grasett considered this result very satisfactory, as it was well known how protracted these cases of psoas abscess were. As to the treatment of kyphosis of the spine, he had been taught that where there was consolidation that any attempts to cure by interference was unsatisfactory and unsurgical.

Dr. G. A. Bingham presented a child upon whom he had done an œsophagotomy in the Victoria Hospital. Five days before the child had swallowed a button about three-quarters of an inch across. The

incision was made from the thyroid cartilage down to the sternoclavicular joint on the left side. The structure which gave the most trouble in dissecting down was the inferior thyroid artery. The button at one point had just begun to ulcerate through. He did not attempt to close the œsophagus, but packed the wound loosely with iodoform gauze. Rectal enemata were given for ten days. Since then he had been occasionally passing a stomach tube to prevent stricture, which he considered might probably be a sequela. In reply to a question, he stated that the X-rays had been tried, but "they were not working that day." (Laughter.)

Dr. G. A. Peters examined the case on the day of operation, and could feel the button with his finger, and thought it might have been reached with a coin-catcher. He did not think there was any danger of stricture.

Dr. Harold Parsons related the case of a woman who had swallowed her false tooth, in which he had assisted at its removal by opening the œsophagus. Although all precautions were taken and the wound stitched up, healing by first intention did not occur. This was to be attributed to the infection of the wound from within by the saliva.

Dr. Edmund E. King had had two cases of foreign body in the œsophagus. The first case was that of a child, aged four, in whose gullet a Canadian cent had lodged four weeks before. The X-rays showed it to be just opposite to the second rib under the sternum. He got it out with the probang. The other case was one in which an oyster shell $\frac{3}{4}$ in. by $\frac{1}{2}$ in. had been swallowed. This, too, was withdrawn by means of the probang.

Dr. Garratt reported a case, seen by Dr. W. H. Harris and himself, in which the cent was seen by the X-rays to be below the clavicle. Forceps and probang were tried, but nothing withdrawn. On examination after, however, it was seen to be dislodged, and was seen in the stomach. It passed per rectum in due time.

Dr. G. McDonagh said he had a case in which a child had swallowed a flat tin whistle, which he was able to touch with an ivory bulbed bougie. He was able to remove it with forceps.

Dr. Bingham said he was pleased he had not persevered in the use of the forceps in his case, when he saw how far ulceration had proceeded. In looking over the statistics of these cases he had noted that the mortality was very high, due principally to sepsis.

Dr. A. Primrose made some remarks on "The Physics of Surgical Dressings." His remarks arose from the perusal of a recent paper by Preobajensky, of St. Petersburg, who holds that the success in the treatment of wounds by Listerian dressings, is not attained so much by the antiseptic qualities of the dressing as by the allowance for a

continuous stream of evaporation from the wound which carried with it germs and their toxic products. As a basis for his statement the writer had shown that by actual bacteriological examination of wounds, treated aseptically and antiseptically, only about 15 per cent. were actually aseptic. The author had shown that even a poison like strychnine might be powdered over a wound, and if dressings allowing for evaporation were applied, there would be no toxic symptoms; whereas if a protective were applied which did not allow of evaporation poisoning shortly ensued. The speaker said that so noted an authority as Tait held that antiseptic measures were not necessary. This evaporation theory would be an explanation of why his wounds healed so well. The principle would also explain why a drainage of aseptic wound is so valuable in preventing septic absorption. His own practice was to remove a dressing whenever it became saturated, and not to reinforce the dressing, as was the practice with some.

Dr. I. H. Cameron said there was nothing new in what had been adduced regarding the physics of the surgical dressing, if one gave the matter any consideration. Although he liked to have saturated dressings changed, yet he thought the additional dressings would keep up the capillary stream in the direction outward. The objective of the protective which used to be used was to divert the stream laterally when it had reached the surface at one place. A point that had been brought out was that micro-organisms were carried in the direction of the current, and if evaporation was prevented a septicode was formed. In that case they would go in the direction of the fusion.

Dr. Oldright did not believe that by the reinforcement of the dressing the stream would be continued outward on account of the drying of the surface of the first. His plan was to change dressings if saturated, even lifting the edges to see if the dressings were only partially saturated, in which case he would change them.

Dr. Parsons bore evidence to the statement of the essayist, that it was a customary practice with some surgeons to reinforce saturated dressings. When with Halsted he had seen the protective used next the wound, and likewise the application of various metals; but they had been discarded. He had proven that most wounds, no matter how carefully the antiseptic technique was carried out, still contained germs. This led to the use (in Johns Hopkins) to a change from the aseptic method to the antiseptic. He had found, however, in the treatment of ulcers the protective was very useful.

Dr. Bingham said he would give notice of motion that the Society meet fortnightly instead of monthly.

Dr. Edmund E. King moved that the constitution and by-laws be consolidated and printed.—Carried.

Editorials.

The Victoria Order of Nurses in Canada— Revised Edition.

IN medical circles of late there has been quite a ripple of excitement owing to the strong efforts at establishing the above order in our midst. Though the motives of our esteemed representatives of royalty have not been doubted, some strong opposition has been found, the cause of which may easily be explained. Some months ago pamphlets were received by many medical men throughout the land explaining the objects and nature of the proposed order. In these it was intimated that the nurses were to come in here from abroad, that the training was much less than that recognized here, and that they were to be allowed to practice midwifery, etc., etc. To this scheme both the members of the Canada Medical Association and the Ontario Medical Association were opposed, though the British Medical Association at a meeting near its close, when there were but fifteen or twenty members present, passed a resolution endorsing the movement. Now we are presented with a scheme with many of the objectionable clauses cut out. Her Excellency the Countess of Aberdeen has been most indefatigable in her efforts both to please the medical men and the nurses, and also alter the scheme so that it will meet with their approval. Indeed she has succeeded to some extent. A medical man devoted to nursing has been brought to the city from Waltham, a town in Massachusetts, U.S. He has talked, travelled and lectured, explaining the workings and benefits of the order, though he has not answered one pertinent questioner who asks how to raise the golden dollars up to the million mark in order to make a complete success of the scheme. From his remarks we learn that the nurses of the order are not for the very poor or very rich; the latter class can afford to pay the ordinary trained nurse, and those of the former class are to be looked after in another way, but the members of the Victorian Order are to look after the middle class—those who can pay something but cannot stand the strain of having a trained nurse to pay. To the plan as originally presented we had a decided objection. To the present Provisional Constitution which we understand is to be still farther amended we do not offer the same serious objection. We are all agreed that there is need for thoroughly trained nurses in the

homes of the sick poor. Such work has been admirably done, and is now being done by such organizations as the Nursing-at-Home Mission, the Deaconesses and others. In the first flush of excitement about the new order we must not forget those who have done faithful and good work amongst the poor. On the other hand, we must not oppose anything which will raise the standard and improve the efficiency of our nurses, for well do we know that many lives are sacrificed by the employing of inefficient nurses. It should be insisted on that only those who have undergone a regular course of instruction at a Canadian institution at least equal to that now demanded by the Toronto General Hospital shall be admitted to the order, and that our present staff of nurses will not be seriously interfered with. So far as the towns are concerned the matter is simple enough and might work well if managed with skill and judgment. As to the country districts we can hardly see how it would work out. In the cities we are already abundantly supplied with hospitals that find it hard to keep supplied either with funds or patients. We do not quite understand where the "small cottage hospitals" would come in.

At a meeting of the medical men of Toronto, recently held in St. George's Hall, where the objects of the Victorian Order of Nurses were set forth by Dr. Alfred Worcester, the vast bulk of opinion expressed was against the scheme, and though some of the speakers dwelt chiefly with the sentimental, many and chiefly those whose every-day work brought them into close touch with the people who are proposed to be reached by the new order, were extremely practical in their remarks which were opposed to the scheme. Those who were in favor of it were the men whose work found them amongst the more well-to-do people who could afford to employ trained nurses. Whilst we know that it is true that "he gives twice who gives quickly," we must not forget our obligations to our existing institutions which have done and are doing good work in our midst. Let us, then, learn more of the scheme; study it out as we find it in other places; take the best and reject the worst elements, and then when the present interests have been duly guarded, let us give to it that amount of support which it deserves.

The Fall in Professional Potential.

FOR the reason suggested by this title the *Philadelphia Polyclinic* explains why the medical officers of the United States Navy have failed to attain rank as ward-room officers, why a western state has decided to allow only \$1.00 per day and mileage (if he can get it) as an expert witness, and why there has been some cavil at the medical experts in the Luetgert trial for being unqualified to pass judgments on points of comparative anatomy; and asks, like A. Ward, "Why is this thus?" The editorial proceeds to say that there is not as much being done for the support of the professional character as there should be, and lays the blame largely on the sad condition of affairs at medical colleges. It says: "What do we find when we enter the halls of the average medical college? Uncleanliness in all its phases. The floor of the lecture-room is slippery with tobacco juice, the atmosphere of the halls reeks with the odor of tobacco smoke, the conversation of the students is loud and often coarse, worse than all, gray-haired professors do not hesitate to relate indecent stories to men young enough to be their grandchildren. These conditions are not all permitted because they are unnoticed by, or acceptable to, the college authorities. No doubt, many medical teachers would wish for better surroundings, but dare not oppose the existing state of affairs, for fear that some disgruntled students would go elsewhere and the college would lose fees. Woe betide the professor whose standard of admission and conduct cuts down the college class.

"Why should not the student be taught by good example the manners of a gentleman, and if this is not sufficient, by strict discipline be made to exhibit at least the outward show of such manners.

'This monster, custom, . . .
. . . is angel yet in this,
That to the use of actions fair and good,
He likewise gives a frock or livery
That aptly is put on.'

"Smoking and spitting should be absolutely prevented in the college building. Noisy demonstrations should be reserved for the outdoor exercises on the athletic field, indecency of speech or action should be discouraged and especially a good example set by the older members of the corps of teachers. Moreover, some real significance should be given to the requirement of good moral character which is printed in so many college announcements, but which seems there for show rather than use.

"We do not entertain the hope that these reforms will cause the Navy Department to alter its rulings, or secure a reversal of the decisions of the courts, or lead veterinary authorities to accept doctors as experts in the delicate question of distinguishing between the bones of a woman and those of a hog; but we do believe that a material advancement of the standing of the profession would result from a better life at medical schools, and that something more is needed than the extension of the course of instruction and the increase of entrance requirements."

The above, we must confess, represents a shocking condition of affairs, and invites the opprobrium of every right and pure-thinking man, be he physician or layman. We are glad to be able to state that this criticism cannot be made of medical colleges of Canada. Our professors and students are not Puritans; they are men fond of genuine fun and amusement, but know that smut talk, filthy stories and other beastialities are not synonymous with wit and humor.

As the Medical Faculty of Victoria University has ceased to exist in consequence of the federation of the University with Toronto University, is it not advisable that the last named institution give *ad eundem* degrees, as evidence of such amalgamation? That such is necessary, we have lately heard of an instance wherein a Victoria M.D., in a foreign country, had some considerable difficulty in proving his M.D. claims.

M.D. VIC.

TREATMENT OF INSOMNIA.—Dr. Reynold W. Wilcox, in *Post-Graduate* for November, has an article on this subject. He states that while insomnia is often the result of organic disease, it never in itself causes organic disease of the brain. We have not as yet a satisfactory theory of sleep. The theory that the neuron is the principal factor in causing sleep has much in its favor. It was promulgated first by Robt. Ruckhard. It has since been advocated by others. According to this theory, under the influence of fatigue or certain drugs the neuron changes its shape. The action of these is to cause the neuron to retract the dendritic processes. The drugs that would act best according to this theory would be those that cause the contraction of these neuron processes and at the same time not poison the neuron. The hot bath is the best physical means known. It should be used at about 104 F. and kept until the skin is thoroughly reddened. When all is said against drugs that can be said it usually ends in the use of some one. In all cases hypnotic drugs should be dispensed by the physician, and so disguised that the patient would

not know what is being ordered, and in this way avoid the narcotic habit. This is specially true of chloral where the tendency to form the habit is strong. Dr. Wilcox took strong ground that opium is not a hypnotic at all. That it would relieve pain and thus permit sleep is quite true. They are narcotics. Trional is safer than sulphonal and has not the prolonged action of the latter.

DIARRHŒA.—Dr. R. C. M. Page, of New York, in *N. Y. Polyclinic* for November, has an article on diarrhœa. He classifies the trouble as follows: (1) Irritative diarrhœa due to the disturbing effect of improper diet, purgative medicines, poisons, worms. In severe cases there may be inflammation. (2) Mechanical diarrhœa is due to some obstruction to the portal circulation and consequent hyperæmia of the mucous membrane. This disorder is found in mitral disease, obstructive or regurgitant. Cirrhosis also causes it, and it occurs in general vascular emphysema. (3) Secondary or symptomatic diarrhœa is met with as the adjunct of some other disease, as typhoid fever, tuberculosis, malaria, pyæmia, Bright's disease, in exanthemata. It sometimes occurs in anæmia, Hodgkin's disease, leucocythæmia and over lactation. It is called critical if it occurs suddenly during the crisis of a disease; colliquative when it occurs towards the end of a wasting disease. (4) Nervous or lenteric diarrhœa is due to excessive peristaltic action, and is seen in children during dentition, and in women at the climacteric period. On account of the hyperæsthetic condition that exists, food is rushed through the digestive canal and has no time to become digested. Hence the name lenteric or slippery diarrhœa. (5) Vicarious diarrhœa is due to the arrest of the function of the skin, kidneys or lungs, and an extra tax is placed upon the mucous membrane of the bowels. It is often called compensatory diarrhœa, and is generally salutary in its effects. (6) Fatty diarrhœa is a rare form. It is due to imperfect pancreatic or hepatic action. If there is an absence of bile in the intestines the pepsin acts on the pancreatin and fatty diarrhœa results, as the bile should precipitate the pepsin. (7) Choleriform diarrhœa is due mainly to heat, bad air, faulty hygiene, bad milk. The stools are abundant or scant according as the small or large intestines are affected. The stools are offensive, and if from the large intestines there is much mucus. (8) Chronic cachectic diarrhœa is due to the injurious effects of some wasting disease as syphilis, cancer, consumption, malaria. In treating diarrhœa it is always necessary to keep the cause well in mind. In intestinal catarrh a mild cathartic may be given to remove any irritating substance. Bismuth and morphia make a good combination. If the

stools are very watery and frequent some astringent as kino may be added to the above. In the more severe types of diarrhoea, such as catarrhal enteritis and cholera morbus, the above treatment should be followed, with the hypodermic administration of morphia when required. The greatest care must be taken over the diet in these cases. The author does not attach much value to intestinal antiseptics.

Book Notices.

International Clinics. A Quarterly of Medicine, Neurology, Surgery, Gynæcology, Obstetrics, Ophthalmology, Laryngology, etc., and specially prepared articles on Treatment. Edited by Judson Daland, Philadelphia; J. Mitchell Bruce, London, England; D. W. Finlay, Aberdeen. Volume III., Seventh Series. 1897. Philadelphia: J. B. Lippincott Co.

This volume sustains the high aim of its compilers in containing a series of communications by men of wide reputation for their knowledge of medicine which are of much interest to all medical men who wish to keep fully abreast with the times, and in touch with the leaders of the profession. In the department of medicine there are ten contributions: One on "Hæmaturia," by Tyson; another on "Enteroptosis," by Devove; a third, on "A Case of Pernicious Anæmia," by Alex. James, which show the kind of subject treated, and the sort of man who writes upon it. The most of the work reported on is not of that superfine scientific excellence which involves complicated and expensive apparatus, fine analyses and much computation, but that which every general practitioner may carry on if he will but take some time and pains to make use of the means at hand in his own sphere. In Neurology J. Madison Taylor writes on "The Repair of Will-loss," in which he throws considerable light on certain so-called cases of neurasthenia, which are found so hard to treat. Dr. Jas. F. W. Ross, of Toronto, presents an elaborate article on "The Surgical Treatment of Gall-Stones," which will be read with special interest by our medical men. G. M. Boyd, in the section on Gynæcology and Obstetrics, presents an essay on "The Importance of Exploring the Berth-canal in Search of the Seat of Puerperal Infection." Leonard Remfry writes on "The Diagnosis of Abdominal Tumors from a Gynæcological Point of View." These are but selections made almost at random of those found on perusal to guarantee a recommendation of the entire work, although an occasional article is found to interest the specialist only.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

The Victorian Order of Nurses.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—This cause seems to have been subjected to a typical boom. But the august character of those promoting any scheme should not blind our reason, nor prevent us expressing our opinions against it if we do not approve of it.

In the case of the Victorian Order of Nurses, some things took place that deserve more than a passing notice. In the first place, a certain doctor is imported from the United States to lecture us on the many advantages of district nursing. This may be all right for his country where there are plenty paupers to spend such attentions upon, but we do not need it here. He also took pains to tell us how good a thing it is for us to be loyal. On this head we can mind our own business and take care of our own seals. Then, again, certain doctors in Toronto seem to have been patted a little on the back, and used their good offices to help the scheme through. During the agitation some very sudden changes of heart took place, and some became born again in a very mysterious way.

The scheme so far has had but a very one-sided hearing. At the meetings there seems to have been a goodly number ready to whoop it up and move and second resolutions approving of this, that and the other. But there are only three centres in which district nursing could come into any use in this country, viz., Toronto, Montreal and Quebec City. By no manner of operation could it be made to work in the thinly peopled farm districts or in the smaller towns or villages. Then say what you may, the tendency will be to reduce the nursing profession to one of practical pauperism. The tendency will be for people to apply to the Order of Victorian Nurses, and thus avoid, as far as possible, paying a fair fee to a regular nurse. Many of the order nurses will drop out of its ranks, and in this way crowd out those trained in hospitals. There is no guarantee as to the status of these nurses. They shall be such as are approved of by the Central Executive Committee. This committee may accept any inferior training, or take them in from the States or Britain.

Then the whole scheme is wrong in theory. A large sum of money

is to be collected to set this order on foot. These nurses are to be placed in the field to take the work from the nurses now trained. It will be to the nurses as a crop of free doctors would be to the doctors. I notice by the by-laws I have that they may attend maternity cases. This will introduce into this country one of the curses of Britain. The whole scheme is simply unworkable in this country, and sooner or later will come to naught. If unfortunately it should continue, both medical men and nurses will have good cause to look back and wish it had never been started.

Because some physicians who are regarded as "eminent in their profession" have been won over, that is no reason why the rank and file of the profession should fall into the same mistake. The frogs asked for a king and they got one. He was not a good king as he ate them up. The Victorian Order of Nurses will do some eating. They will eat up much of the work of our regular hospital trained nurses. They will also eat up much of the midwifery practice of the general practitioner. Once the order is started, depend upon it it will assume more and more enlarged privileges and powers from time to time. The Central Committee will not look into all these things, and the many lady superintendents will only be too glad to see their nurses going ahead.

I am sorry to have to speak thus plainly. But the time will come when all will be convinced that we have no need for such an order in this country. Perhaps there may be a few medical "Sirs" as the outcome of all this.

MR. TORONTO.

Redlands, Southern California.

To the Editor of the CANADIAN MEDICAL REVIEW :

DEAR SIR,—Had some one said to me when reading your November issue that ere I saw another copy I would be cozily located in this semi-tropical place, walking its streets and making a new circle of friends, I would have been astonished. However, the protracted and dangerous illness of a brother necessitated his prompt removal to a warmer "clime," and my coming with him. I intended getting him suitably located, then have his wife come and relieve me so that I could return. Although my patient was helplessly weak and taken off a sick bed to which he had been confined by lung trouble for nearly three months, he stood the long journey well, and within the two weeks he has been here has improved so much that he goes up and

down stairs alone, and to-day took a three hours' drive over the peerless Smiley Heights, where one sees the most exquisitely beautiful panorama on earth.

The weather has been like our brightest, balmiest June days, and nights like our May and September ones. Barring a few rainy days in winter patients can live and enjoy themselves out of doors the whole year through. The summer is just as easily borne as ours and the nights are always cooler.

Redlands is the prettiest and perhaps most favorably located of the many beautiful towns in San Bernardino Valley. It has splendid public buildings, schools, churches and hotels. Rates about same as Toronto. Many patients, however, prefer renting rooms, and either boarding themselves or boarding out. It is surrounded on all sides but west by lofty mountains, and in the valley are miles upon miles of the richest orange orchards in the world. Flowers of endless variety are always in bloom. There is a prodigal profusion of everything in the way of fruits, palm trees, shrubs, etc. Patients are so charmed that they seem to forget all their ills. You meet everywhere people who were doomed to an early death at home, now active, busy, prosperous citizens.

I must be very brief this time, but will gladly furnish REVIEW or any of your readers with minute details.

Yours truly,

J. HUNTER.

421 Orange Street.

The Title "Doctor."

To the Editor of the CANADIAN MEDICAL REVIEW.

DEAR SIR,—It is most pleasing to me to read Dr. Burrows' article, "Medical Doctor," and we have often wondered why our fellow-readers of the REVIEW, or other established journals, do not give their views on subjects named in said article. Indifference, indisposition, or other similar causes, may act as factors which occasion the scarcity of subjects in our journals. However, there is, I feel assured, among those who wish our profession a perpetuity of its established honor, a hearty endorsement of Dr. Burrows' statements, and it would appear that in this generation, especially at this time, there is surely a need of efforts to curtail the powers of our universities *in re* bestowal of the doctor's degree to such inferior callings as dentistry, veterinary practice, pharmacy, etc.

The title "Doctor" is being actually debased by our universities,

inasmuch as they are establishing new faculties, from which the various testamurs of Baccalaureus, *Magister* and *Doctor*, are within the grasp of some "mooney and molluscous men," and as evidence of this assertion we are satisfied that a glance over the announcements of Canadian universities will satisfy the reader on the subject of new faculties. Fortunately for the honor of the *doctorate*, it is given to vets. and dentists by very, very few honored universities of the United States and Canada. Such facts I learn from "The Universities of Canada," etc., the author of which is the Hon. G. W. Ross, LL.D.

Cicero used to say, "Tria esse omnia, genera quae in disceptationem cadere possint ; quid fiat, factum, futurumve sit ;" that is, "that there were only three kinds of questions that could fall into controversy : What was doing ; what had been done, and what would happen." Therefore, as regards the first statement, such has been already made in this article in effect, that the title of "Doctor" was being debased by our universities. That such has been done is equally evident, yet fortunately by very few of our schools, who either through a want of shekels for their treasury, or unwise zeal to satisfy the degree-crazed multitude, have broken down the landmarks.

As to *what would happen*, we, although not given but ordinary prescience, can easily understand that the degree of Doctor, instead of being coveted by students in divinity, law, medicine and philosophy, as it has been for many centuries, will not be wanted by these learned professions, but will be meretriciously given to the rabble.

As evidence that during the last century, during defined periods, "the title had fallen into discredit and was a common theme for ridicule," is on record, and the subject furnished fine material for the comic authors and caricaturists ; and as evidence of what the Bengoughs of that period would have done, we enclose three sketches (more fully illustrative of our views), of which we wish a *fac simile* copy could be seen by your subscribers.

JUVENAL.

Nusquam, November 17th, 1897.

Selections.

The Heredity of Acquired Characteristics.

The theory of Weismann that acquired characteristics are not transmitted by heredity has not found favor with the medical profession. Apart from all speculations about body plasma, which is *individual* and modifiable, and germ plasma, which is *racial* and not modifiable—speculations which cannot be said to have a very substantial basis—the question to the medical man resolves itself into this: whether acquired peculiarities and morbid conditions are handed down to offspring. The physician who sees instances of congenital syphilis—one of the parents having been syphilitic—and congenital tuberculosis, neurasthenia, etc., derived from one or both parents who had acquired the morbidity, is likely to hold to the opposite of Weismann's contention. That certain nervous affections (as hysteria) acquired by the parent under circumstances of shock, great mental strain, etc., may be transmitted to one or more children is also a matter of frequent observation; finding its counterpart in experiments of Brown-Sequard, whereby guinea-pigs were rendered epileptic and transmitted to their young epilepsy after certain injuries of the "epileptogenous zone."

Cesare Lombroso takes up the subject of the transmission of acquired characteristics in a late number of the *Forum*. He remarks that the question is of the utmost importance not only in explaining the origin of zoological modifications in different species, but also in aiding us to decide whether we can profit organically, so to speak, by the actions of our fathers; that is, whether the labor of the parent can be accumulated and transformed into labor that may be called organic, or whether such labor must be wholly lost.

He alludes to the vast number of facts on record to prove that physical characteristics artificially acquired have been hereditarily transmitted. The biological history of the camel makes it well-nigh certain that the hump, which, as in the analogous tumors on porters' backs is only a collection of fat around a slight protuberance of the vertebræ, is a physical modification produced by burden-bearing, the wild llamas, ancestors of the camel, having absolutely no hump, while this hump is atrophied in the racing camel. The callosities of the knees and breasts, which arise in the camel from continual kneeling to receive its load, are acquired like the callosities of the human

body, and though wanting in the camel's wild brethren, they are perfectly apparent in the young camel before he has begun to work.

Among the many examples of acquired psychical characteristics which the writer adduces is the following : Civilized man has acquired in the cerebral cortex—in a fold of the parietal lobe—the psychical centre of reading, which in certain maladies (in thrombosis and apoplexy) is paralyzed, causing the reading power to disappear. Now this centre has positively been acquired within historic time ; it is certainly not found in men yet savage. The same may be said of the speech centre—the third left frontal convolution—since everything goes to prove that the first man had no language, just as the new-born child has no language, and the Hottentots and Weddahs have but very imperfect ones. The organ tends to become more and more differentiated in our modern civilization.

The above considerations, though fatal, in so far as they contain scientific fact, to Weismann's doctrine, that acquired faculties, etc., are not transmitted to offspring, will not to some readers carry the conviction which attends the demonstration in individual instances of the direct transmission of acquired characteristics. Weismann contends that influences which affect the somatic cells do not correspondingly affect the reproductive cells, so that the modification or defects is entailed to progeny. But, going back to physical changes, does not the fact of hereditary syphilis prove such transmission? Here, apparently, is an external agent, the virus of syphilis, which has profoundly modified both germ cells and somatic cells in the parent and in the offspring. May not a thousand influences, of various orders, produce a similar effect? The syphilitic father cannot hope that in accordance with the Weismann doctrine, his unborn progeny may escape the malefic infection. The true doctrine of heredity lends no support to this view. That there is a direct transmission of moral as well as physical traits has been of common observation from antiquity.

The doctrine of Weismann, lately so strongly assaulted by Herbert Spencer in the *Contemporary Review*, is so contrary to both physiological and pathological facts that we believe that it will be eventually abandoned by its author, as it is being generally discarded by scientific men everywhere.

The maternal influences affecting offspring are very subtle ; a bad organic habit of the one may irretrievably blight the post-natal life of the other. Dr. Frank B. Earle recently reported a notable instance of the kind before the Chicago Medical Society. In the preceding December he attended at the birth of a ten-pound girl, whose mother,

a morphinist, seemed specially solicitous regarding her babe. Inquiry revealed the fact that three children had died soon after birth, the first in two and a half days, and the third in four days. In this case, on the third day, the child became sleepless, pale and prostrate; five minutes later died. The mother had taken eight to fourteen grains of morphine daily, commencing soon after marriage.

Physiologists have observed that previous pregnancies have an influence upon offspring. Dr. Austin Flint remarks that this is well known to breeders of animals. "If pure-blooded mares or bitches have been once covered by an inferior male, in subsequent fecundations the young are likely to partake of the character of the first male, even if they be afterward bred with males of unimpeachable pedigree. What the mechanism of the influence of the first conception is it is impossible to say, but the fact is incontestable. The same influence is observed in the human subject." Fookes, of Fairfield, Wiltshire, England, has given instances of the same kind known to himself. Herbert Spencer, from a review of these and other facts with a like bearing, concludes that: "We must take it as a demonstrated fact that during gestation traits of constitution inherited from the father, produce effects upon the constitution of the mother; and that these communicated effects are transmitted by her to subsequent offspring." We are thus supplied with an absolute disproof of Weismann's doctrine that the reproductive cells are independent of and uninfluenced by the somatic cells; and there disappears absolutely the alleged obstacle to the transmission of acquired characters."—*Boston Medical and Surgical Journal*.

NASAL MUCOUS MEMBRANE AS A REMEDY.—Dr. Rivière, of Lyons (*Lyon Médical*, September 19th), reports that he has employed in the treatment of a certain number of nasal affections a fluid extract of the pituitary mucous membrane, prepared by Dr. Jacquet in the following manner: The mucous membrane of the middle and lower turbinated bones of the sheep is macerated for twenty-four hours, at a temperature kept at 149° F., in water containing four parts of resorcin in a thousand; the liquid is then filtered and subjected to the same degree of heat for twenty-four hours more. The results of the use of this preparation, says Rivière, are analogous to those produced with other substances that are efficient in cases of perforation of the *sæptum*, rhinitis sicca, and rebellious syphilitic disease of the nose. In a grave case of *ozæna*, that had relapsed after various sorts of treatment, including the employment of electrolysis, applications of the pituitary

extract, after cleansing, were followed by a rapid subsidence of the odor and then by greater benefit in every way than is generally obtained by the use of procedures less innocent or more difficult.—*N. Y. Med. Journal.*

THE VAGINAL DOUCHE.—Dr. Byron Robinson, Chicago, gives the following directions for a vaginal douche: (1) Use a fountain syringe holding three gallons of water with a four-foot head. (2) Begin with (married women) three quarts of boiled water 103 degrees. (3) Increase the heat one degree at each sitting until it is as hot as it can be borne. (4) Increase the amount of the douche one pint each time until three gallons are taken. (5) Use the douche in the morning, and in the evening when retiring. (6) The duration of a three-gallon douche should be twenty-five minutes. (7) The patient should lie on the back with the thighs flexed on the abdomen, and the legs flexed on the thighs. (8) The douche should be taken on a level plane, the ironing-board serving a good purpose, and not in the bed, on the water-closet or in the bath-tub. (9) The douche should never be taken in the standing or sitting posture. (10) A handful of salt (NaCl) and a teaspoonful of alum may be added to every gallon, the salt to prevent reaction, and the alum to astringe and check waste by secretion. (11) The vaginal tube used in giving the douche should be sterilized, and every patient should have her own tube. (12) A vaginal douche given according to the above directions will prove to be of much therapeutic value in the treatment of pelvic disease, an agent to prevent disease and a great comfort to the patient.—*The Daily Lancet.*

IS MALARIA A WATER-BORNE DISEASE.—In a paper with this title, read before the Johns Hopkins Medical Society (*Bulletin of the Johns Hopkins Hospital*), Dr. Rupert Norton said that there were several points in the consideration of this question which make an exact answer extremely difficult. First and foremost stands the fact that the malarial organisms, those forms producing malarial fever in mankind, have not been recognized outside the blood of human beings. Other similar types or species of organisms have been found in the blood of frogs, birds, etc., but these do not seem to be of the same species as that which produces the fever in human beings. Another difficulty is the occurrence of malarial fevers and typhoid fever in the same places at the same time of the year, oftentimes with very similar types of fever. Again, it is generally supposed that the malarial organisms exist in the soil, and we know that typhoid fever may be

communicated by drinking-water, the belief is a common one that malarial fever may be induced in the same way. Malaria is almost as widespread a disease as typhoid, and yet does not occur in epidemics. We do not find in towns or elsewhere groups of patients whose infection can be traced to a single supply of water or milk. All the evidence that has been so far collected to confirm the water-borne theory is not of sufficiently exact quality to carry much weight. To prove that malaria is water-borne in a given case demands certain conditions, and even if these demands could be satisfactorily met, there would at the present time still be the proof lacking that the malarial parasite lived in the water. Outside of the human body we know of nothing of the life-history of this parasite. To confirm our view we have the definite knowledge that drinking-water from malarial places, does not produce the disease experimentally. And finally, it is probable that a large number of the cases attributed to malarial infection are not malarial, but rather typhoid, and if not the latter, then due to some auto-intoxication, from the intestine. Further, says the author, until we know more of the life-history of the malarial parasite outside of the human body, it is fair to question the water-borne theory of malaria.—*Dietetic and Hygienic Gazette*.

THE PRACTITIONER'S ECONOMIES IN TIME AND EFFORT.—The physician who hopes to accomplish much, who has the ambition to do something more than routine medical work, who wishes to keep abreast of the times, must learn not only to seize the day, but the hour and minute of leisure. The secret of accomplishing much consists in having convenient arrangements for utilizing the scraps of time between professional engagements, and in being able to make light of drudgery. Convenience means the performance of many things; inconvenience the neglect of necessary tasks. The average man will examine urine if his utensils are in or next to his office, and if he has a sink into which to throw waste. If he must go up or down stairs for his examinations, or to empty bottle, or if he must push aside writing materials to make room for his test tubes, he will avoid analysis of urine as much as possible, and he will fail in diagnosis in occasional cases. In writing, a typewriter will be found easier than a pen or pencil. Hour for hour, more can be written, and with less fatigue, in spite of the greater amount accomplished. A roomy and well-arranged desk is a great time-saver. Have a drawer for each line of work that you happen to be engaged in, one for business, one for science, one for correspondence; set aside a space for every important undertaking that will occupy spare moments for more than a few days;

in short, have your notes or letters, or whatever your material may be, so that you can pick them up and lay them aside at a moment's notice. Personal comfort is a great factor in increasing one's capacity for work; perhaps it should even be placed before convenient arrangement of materials. Spare your eyes; use a good lamp instead of gas, and make sure of plenty of daylight, not too glaring. Place your furniture so that the light will not be in front of you. All things considered, your private office ought to be the best room in the house for its purpose. Keep warm, avoid droughts, don't stifle for lack of ventilation in summer. If only one room in your house fulfils these demands, take it for the office. You can put up with imperfect hygiene in the parlor, or even in the dining-room, where you will spend only a small part of your time. Have an easy chair, well cushioned, and preferably one that you can adapt to the height of your desk. In general, make your office as pleasant, as convenient, as comfortable as possible. Use your brain to the best advantage, and not too long on any one task. If your professional work for one day has been mostly in the open air, rest yourself by reading or writing, or chemic or microscopic study. If most of your patients have been office cases, and the day is pleasant, refresh yourself by attending the numerous errands that are always in order. Tax your memory as little as possible with unnecessary details. Keep one of the memorandum blanks which are sent you as an advertisement early in the year, and whenever an engagement is made, jot it down under the proper date. As you pay your life insurance premium, or attend a meeting or deliver a lecture, or discharge any other recurring obligation, enter the next in your list. It will take but a moment to consult your memoranda each morning, and you will be free to forget engagements till the proper time, and need not worry about the probability of mistakes.—*Amer. Therapist*.

LITHIUM IODATE IN THE URIC-ACID DIATHESIS AND IN NEPHRITIC COLIC.—Ruhemann (cited in the *Centralblatt für die gesammte Therapie*) gives this formula for subcutaneous use:

R Lithium iodate 15 grains;
 Distilled water 150 "

M. A Pravaz syringe-ful to be injected once a day.

The same author recommends the following formula for pills of lithium iodate:

R Lithium iodate 2 drachms;
 Mucilage of tragacanth..... a sufficiency.

M. Divide into fifty pills. One to be taken three times a day.

AN OINTMENT FOR PRURITIS.—The *Journal de Médecine de Paris* for October 3rd attributes the following formula to Coover :

R Yellow oxide of mercury 1 part ;
Vaseline 200 parts.

M. The ointment should be applied at bedtime and also, if necessary, in the morning, by firm and prolonged friction, the affected parts having been previously washed with warm soap and water. It is said to allay the most intense itching.

CREOSOTE IN GASTRIC AFFECTIONS.—The following gives excellent results in cases of infantile gastro-enteritis and various dyspeptic conditions :

R Beechwood creosote, 3 minims.
Alcohol, 15 minims.
Gum arabic, powdered, 150 grains.
Syrup, 480 minims.
Orange-flower water, 150 minims.
Water, to make 7 ounces.

A teaspoonful for children, or tablespoonful for adults, immediately before each meal.

Creosote in small doses exerts a particularly favorable action, and under its influence gastric affections and diarrhœa, when due to gastric derangement, rapidly recede.—*American Medico-Surgical Bulletin*.

LACTIC ACID AND UTERINE CANCER.—The treatment of uterine cancer by local application of lactic acid, is again being discussed. This acid has a destructive action upon the neoplastic tissue, converting it into a black pulp, easily removed with a swab. Five or six applications have in some recorded instances been sufficient to destroy epitheliomata, which had recurred after operation, at the cicatrix within three weeks. The adjacent tissue must be covered with a protective plaster or ointment. The acid may be applied with a glass brush, or, better, as a cerate spread on cloth, with a piece of waxed paper over it, and held in place with a bandage or tampon. A paste may be used composed of lactic silicic acid. The dressing should remain in place twelve hours, and after removal the wound is to be carefully washed with water. After a lapse of twenty-four to forty-eight hours, water dressing being used meanwhile, a second application is made, this method being continued until the pathological tissue is destroyed. The pain, while severe, is only of a few hours' duration. The resultant cicatrix is soft and pliable.—*American Journal of Surgery and Gynecology*.

Miscellaneous.

BLOOD is liquid life. Bovinine supplies it. Is it right that you should allow protracted cases to linger without it? In Sound View Hospital, Stamford, Conn., bovine is relied on very largely for patients of various kinds. Bovine is indicated in perhaps four-fifths of people who are sick, and also in a great many who do not consider themselves sick, but who are going about pale and sallow. Don't let your patients suffer for want of what you know will do them good.

NO LONGER A LABORATORY CURIOSITY.—So recently as six months ago the most potent diphtheria antitoxin on the market possessed a maximum strength of 500 units per Cc. More powerful serum had indeed been produced, but not on a considerable scale. A serum testing 700 and 800 units per Cc. has, until very recently, existed only as a laboratory curiosity. At no advance in price, Messrs. Parke, Davis & Co. are now supplying practically unlimited quantities of the most powerful and concentrated antitoxin ever produced. Their Anti-Diphtheritic Serum Special exhibits a potency of 750 and 800 units per Cc. This serum constitutes an extraordinary advance in the art of serum-production, and is worthy of a house which is never content with a mediocre performance in whatsoever it undertakes. The entire absence of casualties and a brilliant record in effacing mortalities render this brand of antitoxin worthy of every confidence.

PROFESSOR BOGOSLOWSKY ON "APENTA."—"W. S. Bogoslowsky, from clinical observations on the action and value of a constant bitter water, draws the following conclusions ('Transactions of the Moscow Section of the Society for the Preservation of Public Health, No. VI.'): 'Systematic treatment with Apenta Water is especially indicated for constipation produced by atony of the bowels, and it has the advantage that its use does not give rise to subsequent constipation. Its action is more gentle than that of some other bitter waters, because it contains less calcium sulphate and no magnesium chloride. It is probably owing to this circumstance that it does not cause crampy pains. The efficiency of Apenta as a remedy for the systematic treatment of obesity is clinically established.'"—*The British Medical Journal*, August 28th, 1897.

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Mr. E. C., aged 29. Polyarthritis chronica, 2½ years. May 12th, duration 15 minutes; May 13th, duration 17 minutes; May 14th, duration 22 minutes; May 16th, duration 29 minutes; May 18th, duration 30 minutes.

Mr. N. B., chronic muscular rheumatism, 3½ years. May 12th, duration 10 minutes; May 13th, duration 12 minutes; May 15th, duration 15 minutes; May 16th, duration 18 minutes; May 21st, duration 22 minutes; May 22nd, duration 29 minutes; May 23rd duration 30 minutes.

Miss E. T. My assistant, aged 24. Chronic rheumatism of the muscles of arms, 1½ years. May 11th, duration 18 minutes, temperature 206° F.; May 12th, duration 19, temperature 209° F.; May 13th, duration 20 minutes, temperature 211° F.; May 14th, duration 22 minutes, temperature 205° F.; May 17th, duration 30 minutes, temperature 220° F.

Mrs. F. D. Polyarthritis chronica 6 years, aged 38. May 10th, duration 15 minutes, temperature 201° F.; May 11th, duration 20 minutes, temperature 202° F.; May 12th, duration 19 minutes, temperature 205° F.; May 14th, duration 21 minutes, temperature 209° F.; May 19th, duration 24 minutes, temperature 212° F.; May 21st, duration 26 minutes, temperature 217° F.

Dr. C. B. Writer, polyarthritis subacuta; pleurodynia a few weeks. May 2nd, duration 20 minutes, temperature 205° F.; May 3rd, duration 22 minutes, temperature 208° F.; May 4th, duration 24 minutes, temperature, 204° F.; May 6th, duration 30 minutes, temperature 221° F.

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